

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: Click or tap here to enter text. ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: August 16, 2020

Auditor Information

Name: Debra D. Dawson	Email: dddawsonprofessionalaudits@gamil.com
Company Name: 3D PREA Auditing & Consulting, LLC	
Mailing Address: P. O. Box 5825	City, State, Zip: Marianna, FL 32447
Telephone: 850-209-4878	Date of Facility Visit: July 6 -7, 2020

Agency Information

Name of Agency: Tennessee Department of Corrections			
Governing Authority or Parent Agency (If Applicable): State of Tennessee			
Physical Address: 320 6 th Avenue North		City, State, Zip: Nashville, TN 37243	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Nashville, TN 37243	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.tn.gov/correction			

Agency Chief Executive Officer

Name: Tony C. Parker, Commissioner	
Email: tony.c.parker@tn.gov	Telephone: (615) 741-1000

Agency-Wide PREA Coordinator

Name: Blake Pollock	
Email: blake.h.pollock@tn.gov	Telephone: (616) 982-5398
PREA Coordinator Reports to: Kimberly Guiden, Director of Compliance	Number of Compliance Managers who report to the PREA Coordinator: 10

Facility Information			
Name of Facility: Tennessee Prison for Women			
Physical Address: 3881 Stewarts Lane		City, State, Zip: Nashville, TN 37243	
Mailing Address (if different from above): N/A		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: www.tn.gov/correction			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Internal PREA Audit			
Warden/Jail Administrator/Sheriff/Director			
Name: Gloria M. Fisher, Warden			
Email: Gloria.m.fisher@tn.gov		Telephone: (615) 741-1255	
Facility PREA Compliance Manager			
Name: Brenda Goad			
Email: brenda.l.goad@tn.gov		Telephone: (615) 741-4853	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Steven Aaron			
Email: saaron@teamcenturion.com		Telephone: (615) 741-4678	
Facility Characteristics			
Designated Facility Capacity:		775	
Current Population of Facility:		663	

Average daily population for the past 12 months:	754	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 – 80	
Average length of stay or time under supervision:	1 month to 5 years	
Facility security levels/inmate custody levels:	Minimum trustee through max custody and death row	
Number of inmates admitted to facility during the past 12 months:	1015	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1015	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	727	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	179	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	51	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	7	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	84	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	1060
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	13
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	13
Number of single cell housing units:	4
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	48
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	1	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Recertification Audit for the Tennessee Prison for Women (TPFW) located at 3881 Stewarts Lane, Nashville, TN. 37243, was coordinated through the Tennessee Department of Corrections (TDOC) and a solicitation for a contract bid. Upon award of the solicitation to 3D PREA Auditing and Consulting, LLC, Department of Justice (DOJ) Certified PREA auditor Ms. Debra Dawson was assigned as the Lead PREA Auditor. DOJ Certified PREA Auditor Ms. Crystal Norment served as the secondary PREA Auditor.

The initial contact between the TDOC State-wide PREA Coordinator Blake Pollock and Ms. Dawson was established on December 19, 2019 referencing scheduling of the audit. The audit was scheduled for an onsite visit of March 16 – 18, 2020. However, the audit process began prior to the onsite. Notification of the PREA audit and onsite visit for staff and inmate population posting and awareness was forward to the facility on January 7, 2020. Additionally, the Pre-Audit Questionnaire for Adult Prison and Jails was forward for completion by the TDOC PREA Compliance Manager (PCM) Ms. Brenda Goad. Verification of the notice postings were confirmed for January 10, 2020 and documented through photographs of postings throughout the facility. The PREA audit review period was determined as January 1, 2019 – December 31, 2019. The lead auditor utilized resources within the PREA Auditor Portal for completion and return to the auditing team by the PCM. The forms included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms and PREA Audit Specialized Staff Identification Form. These forms allowed the auditors to select investigative files, staff personnel files, identified specialized staff, and identified inmates within the various targeted categories for interviews during the onsite visit of the audit. The auditing team reviewed the Agency Website, the Annual PREA reports and prior PREA audit reports for TFPW. The auditor contacted Just Detention International (JDI) regarding any PREA related information submitted by the inmate population in the past 12 months of the scheduled audit and received a negative response. The auditors did not receive any confidential correspondence from the inmate population and/or staff.

An encrypt flash drive was forward to the lead auditor via the United States Postal Service. The flash drive contained the completed PREA Audit Questionnaire and organized files for each of the 43 standards with TDOC policies, TFPW policies, staff and inmate rosters, PREA lesson plans, confirmation of staff and inmate population PREA education, specialized training for investigators, medical and mental health staff, log book entries of unannounced PREA rounds, and a variety of supporting documentation for each

of 43 PREA standards. Information from the flash drive was used during pre-audit prior to the site visit and would be used during the post audit when writing the report. Data received required confirmation of documentation that each part of the 43 standards was in place by policy and in practice by staff.

A review of the TDOC website www.tn.gov/correction/ PREA Policy confirmed it provides information by clicking on the topic hyperlink. Tip line for third-party reporting of sexual abuse and sexual harassment is identified on the website as (615) 253-8178.

The global negative effect of COVID 19 resulted in a suspended onsite visit. Suspended entry into TPFW became effective for all visitors, volunteers and TDOC staff not directly assigned to the facility. In an effort to protect staff, inmate population and the auditors in the prevention and spread of COVID- 19, a decision was agreed upon by the Tennessee Department of Corrections and the lead auditor that the vast majority of staff and inmate interviews would be conducted via Skype. The TDOC State-wide PREA Coordinator, TPFW PCM and lead PREA auditor developed a structured plan in conducting interviews via Skype while ensuring inmates and staff selected were stationed in an office area that awarded total privacy. Security staff assigned to the two shifts of 6:00 a.m. – 6:00 p.m. and 6:00 p.m. and 6:00 a.m., and non-security staff was selected for random interviews. Inmates were selected for random interview via a daily roster and inmates selected for interview within the targeted group were randomly selected from rosters that identified them for the specific targeted category. Although entry into the facility continued to be restricted the auditors were allowed entry into the facility for the rescheduled onsite visit July 6 -7, 2020, and upon receipt of a negative COVID-19 test and having a normal temperature at arrival. The auditors were accompanied at TPFW by the TDOC State-wide PREA Coordinator and Director of Compliance Kimberly Gulden both with the Office of the Inspector General to assist the facility during the audit process.

On Monday, July 6, 2020, the lead PREA auditor arrived for the PREA onsite visit at TPFW. The initial entry meeting was held in the Warden's conference room. Those in attendance were DOJ Certified PREA Auditor Debra Dawson, Warden Gloria Fisher, Inspector General Kelly Young, Associate Warden LaRayne Evans, Director of Compliance Kimberly Gulden, TDOC State-wide PREA Coordinator Blake Pollock and TPFW PCM Brenda Goad. The auditor reiterated the previous onsite tour schedule while stating hours of work would be extended to conduct additional interviews with security staff on both shifts and the inmate population. The successful completion of staff and inmate interviews conducted via Skype aided in an increase prevention of obtaining and the spread of COVID-19 to and from staff, and their families. The Center of Disease Control (CDC) recommendation of social distancing was determined to be utilized throughout the tour and during additional staff and inmate interviews. The remaining audit process would continue with the tour, additional staff and inmate interviews and the review of random selected files of additional personnel files, employee training, inmate training, staff background checks, PREA allegation investigative files, inmate risk assessments for 72 hours and the follow-up 30 risk assessment .The auditor asked that upon an inmate's request to speak with the auditor, a private setting would be provided.

At the conclusion of the entry meeting, the auditor was escorted during the tour throughout the facility by the TDOC PREA State-wide Coordinator, Director of Compliance, Associate Warden and the TPFW PCM. The auditors were provided with a physical plant unit schematic for a pre tour scheduling itinerary. The tour consisted of a site visit to each of 13 buildings that compose Tennessee Prison for Women at the Main Unit and the Transition Center, formerly known as the Tennessee Prison for Women Annex. A major part of the observation process was during the official tour of the facility utilizing the PREA compliance audit instrument – instructions for PREA audit tour while paying special attention to the following areas: intake/reception; general housing units; segregated housing; maintenance shops; academic/vocational programs; law library; food service; laundry/supply; health services; behavior health; general library; recreation, chapel, visitation galley, TRICOR, New School, Old school, center control, and all remaining locations on the grounds of the TPFW. The PREA audit instrument was used to look at areas recommended and questions to ask and the recording of the answers for use in deciding compliance in the standards. The auditor observed and confirmed PREA information was made available and provided to all inmates of their right to be free of sexual abuse and/or sexual harassment and how to report incidents of sexual abuse posted. During the tour of the facility, the auditor observed logs that confirmed unannounced rounds are being conducted in all housing units and programming areas accessible to the inmate population. Unannounced rounds were noted as being conducted numerous times during a 24-hour period. The notice of the PREA audit was strategically posted in areas accessible to the staff and inmate population that included: administration building (employee resource room and training room); checkpoint; visitation gallery; bulletin board at central control; operations; medical; staff dining room; inmate dining room; outside the dining rooms; Unit 1; Unit 2; Unit 3 (posted in all 4 pods and staff bulletin board); Library; Chapel; Old School (both bulletin boards); New School; transition center (both floors); Intake; front lobby/checkpoint television information monitor. The auditor tested the PREA Hotline numbers and noted for both internal and external and found them in working order.

The tour began at the main facility. An extraordinary amount of PREA information was posted throughout the facility on decorative bulletin boards accessible to all inmates and staff. In addition to PREA posters, the identity of the Sexual Assault Response Team (SART), the names and positions of facility victim advocates, how to report PREA allegations both internal and external PREA Hotline telephone numbers and the identity and positions of the facility's PREA PCM and facility's PREA Coordinator was also posted. All PREA information was easily identifiable due to being in notifiable bright colors separate from other documents. These organized bulletin boards were in every department and in the foyer of housing units. There were no areas where visibility was obstructed by the placement of equipment, window blinds, full doors without glass, etc. The facility had increased their video monitoring to a total of 430 cameras since the previous PREA audit in December 2017. Cameras were strategically positioned throughout the facility that undoubtedly provided an assurance in assisting with the prevention, and detection of sexual abuse and, sexual harassment. The 430 cameras with video recording capability were noted as being carefully thought out during their placement. In addition to video monitoring the installation of convex mirrors/safety mirrors were installed in a manner that eliminated blind spots. However, the auditor identified one location in the inmate kitchen area that would further assist staff in live time monitoring of the inmate workers in addition to video monitoring. This convex mirror/safety mirror was in stock at the

facility and was installed within two hours of being identified. A tour of the housing units, gymnasium, work detail areas, and program areas confirmed the inmate population are provided with privacy when performing bodily functions to include change of clothes, shower and use of the toilet. All cells in the 12 housing units at the main facility are equipped with a toilet and lavatory. The inmate restrooms in the program and work areas are individual and provide privacy by a full door. Showers in the housing units are individual and each has a door and shower curtain.

Repairs was currently being constructed in the infirmary during the on-site visit. However, the infirmary has 3 double cells, 4 single maximum custody cells and one suicide observation cell. There were zero inmate assigned to this area. Designated cells in housing unit #3 are being used as temporary housing for inmates who require infirmary housing and/or require suicide observation. Only female staff are assigned to work suicide observation post due to the inmates' restricted clothing requirement and video monitoring for security purposes. Observance of video monitoring in the Warden's office and officer's station confirmed images of the cell toilets were not accessible via video.

A tour of TRICOR Call Center operation confirmed staff has complete observation of the department. The inmates are assigned cubicles that are surrounded by clear glass. Strategically placed mirrors and two cameras eliminate blind spots in the work site.

Program areas in the Old School and New School Buildings offered total visibility from the extended hallways throughout the length of the building due to large windows on both sides of the hallway.

A tour at the TPFW Transition Center (formerly known as the Tennessee Prison for Women Annex) began with entry into the guard shack and clearance through the visitor screening process with a temperature check prior to entry. Inmates advance from phrase 1, phrase 2 and final phrase 3 while at the Transition Center. There are two buildings located at the Transition Center, one for housing and the second for administration and programs. In addition to PREA posters, the identity of the Sexual Assault Response Team (SART), the names and positions of facility victim advocates, how to report PREA allegations both internal and external PREA Hotline telephone numbers and the identity and positions of the facility's PREA PCM and facility's PREA Coordinator was also posted on bulletin boards accessible to the inmate population and staff. All PREA information was easily identifiable due to being in notifiable bright colors separate from other documents. These organized bulletin boards were in every department and in the foyer of housing units. Inmate housing consist of single beds in a dormitory layout with floors on various floor level and sections throughout the building. Inmates are restricted to their assigned floor. Due to the COVID-19 global pandemic, inmate's movement outside the facility was limited. Those inmates who are authorized to leave the premises are issued gate passes and are assigned ankle bracelets for monitoring. Video monitoring and convex/safety mirrors are installed throughout all inmate accessible areas. Visibility in classroom and program areas is obtainable due to windows into each from the hallways. Toilets, lavatories, and showers are in group areas behind an entry door. Toilets and showers are in individual stalls with shower curtains at each. Internal and external PREA Hotline numbers for reporting PREA allegations is located on the inmate's telephones. Telephones are in the dayrooms and on the compound

that allows inmates to report PREA allegations. The inmate population also have wi-fi access on their tablets that allow them to report PREA allegations both internally and externally.

TPFW is the intake facility for women in the Middle Tennessee incarcerated within the Tennessee Department of Corrections. Inmates who are serving minimum to level 4 maximum custody and death row sentence are housed at the facility. However, due to the COVID -19 global pandemic, there have been limited incoming and outgoing inmate movement. The auditor was unable to observe intake screening for the inmate's risk of victimization and abusiveness 72 hour and/or 30 follow-up reassessments. The auditor did request staff assigned to complete these duties to demonstrate the practice and explain the process. Staff shared the used of the Tennessee Inmate Management Information System (E-TOMIS) that does not allow staff to assign inmates identified as at risk of sexual victimization and an inmate identified as an aggressor as cell mates and/or co-worker on a job detail. Inmates identified as an aggressor are not assigned to outside details.

The auditor attended shift briefing to introduce herself to the security staff assigned to the second shift 6:00 p.m. – 6:00 a.m. The Shift Commander's presentation included PREA as a topic. The auditor continued with additional staff interviewing following the briefing.

The auditor conducted interviews with security, non-security, specialized staff, Sexual Assault Response Team (SART) Members volunteer, and contractors that included male and female staff to include during Skype and in person interviews. The auditor conducted 16 random sample staff interviews and the following 27 specialized staff interviews: (1) Agency Head Designee; (1) Warden; (2) Staff charged with monitoring retaliation; (2) Contact Medical Staff; ((1) Human Resource Manager; (2) Investigators; (2) Incident Review Team Members; (2) Intermediate/higher-level staff (unannounced rounds); (1) Non-Security first responder; (1) TPFW PCM; (1) Officer of Inspector General State-wide PREA Coordinator; (1) Staff who supervise segregation; (1) Victim Advocate; (2) Contract Behavior Health Staff; (2) Intake Staff; (1) Contract Food Service Manager; (1) Agency Contract Monitor; and (3) Staff who perform risk screening for victimization or abusiveness.

Sampling techniques for interviews with inmates from each housing unit was selected by a random selection of inmates from the various housing units via a current daily roster for Skype and onsite interviews. There are 3 housing units at the main unit with 4 pods each. Inmate housing at the Transition Center consist of one building with three levels. Each level has two bays. There are 143 beds at the Transition Center.

Through a selection of the inmate rosters, 32 inmates were interviewed. Thirty inmates were requirement due to the base count of 655 inmates (512 at the main facility and 143 at the Transition Center). Thirteen random inmates and 19 targeted group inmate interviews were conducted to include during Skype and in person interviews. The following targeted groups of inmates were interviewed: 4 - Gay; 2 – Bi-sexual; 4 - inmates who reported sexual victimization during risk screening; 3 - who reported sexual abuse; 3 - vision impairment; 1 - hearing impairment; 2 - physical disabilities. There were no inmates at TPFW who were identified as the following: youthful inmate; transgender; inmates with a cognitive disability; inmate

in segregated housing for high risk of sexual victimization. All inmates interviewed during Skype and in person interviews acknowledged receipt and understanding of their rights and responsibilities regarding the facility policies and PREA standards. Each was aware of numerous methods to report PREA allegations that included but not limited to the PREA Hotline numbers and/or to staff. All acknowledged receiving PREA training that included the PREA video,” PREA: What You Need to Know.”

On the second day of the onsite visit, the auditor met with the TPFW PCM, TDOC Director of Compliance and TDOC State-wide PREA Coordinator to review documentation submitted on the PAQ for the 43 standards, investigative files, policies and any additional documentation that would be needed.

The auditor selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. No new staff are hired or allowed entrance until a thorough background check is completed. The training records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed signatures of staff on training forms documenting that the staff understood the PREA training received.

The auditor selected and examined a sampling of inmate files and observed documentation of the inmates receiving PREA education, as well as documentation of risk screenings.

The TDOC Office of Investigations and Compliance (OIC) is responsible for conducting all investigations to include sexual harassment and sexual abuse. The OIC Institution Investigator conducts administrative investigations. The OIC Special Agent is assigned to conduct all criminal investigations. There were 20 reported allegations for sexual abuse and /or sexual harassment reported from January 2019 – December 31, 2019. The auditor was provided all cases for review. The review of these case files identified they were very well organized while also possessing the inmate documented notification of findings, sexual assault incident reviews and retaliation monitoring for applicable cases. All investigative cases were conclusive in determining the finding of the investigations.

The auditor later conducted an exit briefing with Warden Gloria Fisher, Associate Warden LaRayne Evans, Office of Inspector General Director of Compliance Kimberly Gulden, Office of Inspector General State-wide PREA Coordinator Blake Pollock, TPFW Brenda Goad. The facility was thanked for their hospitality and all the assistance and cooperation they provided during the pre-audit, and onsite audit. Discussion included general observation and preliminary findings. The post audit phase was described and the timeliness of any further requested documents as determined to be needed. The auditor acknowledged staff on their preparedness for the audit, organization skills, professionalism of staff, positive interaction with the inmate population, expression of trust from the inmate population to address their PREA related concerns and staff and inmate knowledge of PREA education provided. Staff was also thanked for their teamwork in the scheduling of many staff and inmate interviews conducted via Skype due to the global pandemic of COVID-19.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Tennessee Prison for Women of the Tennessee Department of Corrections (TDOC) is a minimum – maximum security facility located ten miles from Downtown Nashville, Tennessee at 3881 Stewarts Lane, Nashville, TN. 37243. The facility is located on 191 acres of land and has a main unit and an adjacent Transition Center. The TPFW facility has many functions. It is the TPFW is the HUD for Middle Tennessee to house inmates for court appearances and medical care. The facility is also the Reception Center for female inmates sentenced in the Tennessee Department of Corrections. Female inmates with a minimum to level 4 maximum security level and/or serving a sentence on death row are designated at TPFW. There were one inmate currently serving death row at TPFW during the onsite visit.

The facility was opened on July 1, 1965, with addition expansions throughout the years. In 1981, the Transition Center (formerly known TPFW Annex) was acquired with single bed dormitory style housing unit with 3 floors. The total inmate capacity for TPFW is 775. The capacity rate for the main unit is 632. The capacity rate is 143 at the transition center. On the first day of the onsite visit the inmate count at the main unit was 562 and 101 at the transition center. Inmates must be completing their sentence of 2 years or less to be eligible for designation at the transition center.

The facility has a working relationship with the local community and have developed contracts in offering programs and services for the inmate population. These serves are as following: Retrieving Independence – Dog Training; Corizon – Mental Health; Centurion – Medical; Aramark – Food Service; Victim Impact – You Have the Power (facilitator); Cognitive Behavior Intervention Program (CBHIP) – Tennessee Prison Outreach Ministry (facilitator) and Work Crew Transportation – Tennessee Community Services Agency (facilitator). In addition, “The Next Door” (Chattanooga Release Center), has a capacity of 42 beds.

The number of staff employed at TPFW who have contact with the inmate population is 179. There were 51 hired between January 1, 2019 - December 2019. The facility has 7 contracts for services who may have contact with the inmate population. There are 86 individual contractors who have contact with the inmate population and 1060 volunteers who have contact with the inmate population. However, due to COVID -19 visitors and/or volunteers have not been allowed to enter the facility effective the second week of March 2020 through the date of this report. The security staff are assigned to two 12 hours shifts. Their hours of work are 6:00 a.m. - 6:00 p.m. and 6:00 p.m. – 6: 00 a.m.

The facility made a tremendous amount of upgrade and increase in their video monitoring system since their previous PREA audit in December 2017. The video monitoring project was completed in 2018.

Observation of camera placement during the tour confirmed staff gave great consideration in the video placement during the installation of the cameras throughout both the main unit and the transition center.

With addition of the new cameras, the facility now has a total of 430. Cameras are now in all housing units, departments, recreation yards and program areas where inmates have access. The additional cameras provide great assistance to staff in the prevention and detection of sexual abuse and/or sexual harassment reported allegations. Limited voice recording is also available assistance with investigations. Access to video monitoring is limited to authorized staff only to include the Warden, Associate Warden of Operations, Associate Warden Treatment, Chief of Security, Office of Investigations and Compliance Institution Investigator, Shift Commander and Security Threat Group (STG) Investigator.

The administration building is adjacent from the entrance to the main unit. Prior to entering the main unit, staff and visitors must present valid identification, clear a scanner, walk through metal detector, and pat search and complete a body temperature check.

There are 13 buildings that compose the TPFW main facility and the Transition Center. The central control, visitation and main entrance into the facility is in the Treatment Building. The Administrative Building is adjacent to the Treatment Building. There are three building designated for housing units at the main unit, building 1, building 2 and building 3. Each building has 4 pods identified as A, B, C, & D for a total of 12 housing units per the PREA Resource Center definition of housing units. Building Three contains a 24-bed segregation unit and death row, protective custody, assisted living, special needs and all new admissions. The main unit also houses the “New” education building, medical, recreation, chapel, food services and laundry. The “Old School Building” includes classrooms, treatment/programs, and a gymnasium. The transition center, warehouse/commissary, maintenance, and the landscaping building are located outside the secure perimeter.

Medical, dental, and behavior health services are available for the inmate population. Medical care is available 24 hours a day, seven days a week for all inmates. Originally the facility has 10 beds in the infirmary for the inmate population. However, due to needed repairs taken place in the infirmary, the infirmary is temporarily held in Unit 3 Special Management Unit A-pod which is also the living assistance pod. Red lines painted on the floor identifies the infirmity being a restricted area. An additional security officer and a nurse are assigned specifically to the infirmary area 24 hours seven days weekly. Inmates who are on convalescent status for long term acute care are being temporary housed in this pod.

Unit 1 consists of general population inmates with 256 beds. Unit 2 consists of general population and also has 256 beds. Inmates who are identified with disabilities are provided with a large notable sign on their cell door that allows staff and the inmate population to communicate with them and/or provide aid as needed. Specifically, cells doors signage state, “need assistance in case of an emergency” and identified inmates as “hard of hearing,” and/or “vision impairment,” etc.

Building 3 B-pod is designated the administration segregation pod. C-pod is designed as the disciplinary segregation pod. D – pod is for inmates designated as the transit - temporary for court or medical procedures. The telephones are mobile and are delivered to the inmates’ cell door. The PREA Hotline numbers are located on the telephones.

Building 1 housing unit and building housing unit 2 have 8 showers in each of the 4 pods/housing units. Each shower has a door and a shower curtain for privacy. Building 3 has 4 pods/housing units and a total of 24 individual showers. The A side has 5 individual showers, B -side has 7 individual showers (4 are in individual cells), C- side has 7 individual showers (4 are in individual cells), D-side has 5 individual showers. The showers in A, B, C, D, have doors with a small window at the top and a shower curtain over the window.

The Transition Center has 20 individual showers with 5 for each bay. Curtains are installed at all toilet stalls to close for privacy in common area bathrooms areas.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded: 115.11: Zero Tolerance of sexual abuse and sexual harassment; 115.17 Hiring and Promotion Decisions; 115.31 Employee Training; 115.34 Specialized Training: investigations; 115.41 Screening for risk of victimization and abusiveness

Standards Met

Number of Standards Met: 39

115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: Limits to cross-gender viewing and searches; 115.16: Inmates with disabilities and inmates who are limited English proficient; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.33 Inmate Education; 115.32 Volunteer and contractor training; 115.35 Specialized training: Medical and mental health care; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies; 115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.65: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86. Sexual abuse incident reviews

Standards Not Met

Number of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART (Sexual Abuse Response Teams)
3. TDOC Index 502.06 PREA Implementation, Education and Compliance
4. Tennessee Prison for Women Organizational Chart and TDOC Organization Chart
5. TPFW Index 502.06.2-1 PREA Allegations, Investigations, and SART
6. Interviews with:
 - a. PREA Coordinator
 - b. PREA Compliance Manager

115.11(a) The agency and facility have a comprehensive written policy that mandates zero tolerance toward all types of sexual abuse and sexual harassment. Index TDOC.502.06 states that the Department does not tolerate sexual abuse or sexual harassment of an inmate. The Directive clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in their facility. The Directive includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment that are consistent with PREA standards. The Directive also outlines sanctions for those that have participated in prohibited behaviors in the facility.

In addition to TDOC Index 502.06 PREA Implementation, Education and Compliance. The Department also developed TDOC Index 502.06.2 PREA Allegations, Investigations, and SART (Sexual Abuse Response Teams). This policy outlines the duties and responsibilities of staff designated to serve on an organized and structure team responsible for developing and maintaining a program of prevention, detection, response, investigation, and tracking of sexual assaults and the persons involved. The Head of Agency Designee and State-wide PREA Coordinator indicated monthly PREA walks, meetings, and reports are conducted in accordance with TDOC policy and inspection standards such as why an incident occurred in a particular area, and what corrective actions could be applied if applicable. SART review security equipment and submit recommendations for mirrors and video placement that would serves as a level protection for inmates from sexual assault or sexual abuse during the monthly walk through. A work order is submitted as needed and is required to be completed within 30 days of submission. The SART members also serve on the Sexual Assault Incident Review Team and designated members also serve as victim advocates.

115.11(b) The agency has designated a State-wide PREA Coordinator with the Office of the Inspector General, who is assigned the duties of overseeing the agency's efforts regarding PREA in all its facilities. The agency's organizational chart was reviewed. The chart shows the State-wide PREA Coordinator's position reports directly to the Commissioner. The auditor interviewed the State-wide

PREA Coordinator and confirmed he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

115.11(c) The facility has a PREA Coordinator who is the Associate Warden of Treatment (T) who reports directly to the Warden. This position also assigns an on-site PREA Compliance Manager (PCM) who will ensure the facility's compliance with PREA standards. The facility's organizational chart was provided for review. The chart shows the PCM position as a dedicated position who reports directly to the Associate Warden (T). The auditor interviewed the PCM and confirmed that she has time to oversee the facility's efforts to comply with the PREA standards. Interviews with the inmate population confirmed they felt comfortable approaching the PCM with any PREA concerns and mentioned her availability to them.

Based on the review of policies, organization charts, duties and responsibilities of the SART and interviews it is determined TPFW exceeds in meeting the mandate of compliance of this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education and Compliance
3. Contract with Core Civic
4. Contract with The Next-Door Residential Treatment Center
5. Interviews with the following:
 - a. PREA Coordinator

The TDOC has entered one contract for the confinement of inmates with The Next-Door Residential Treatment Center for pre-release services for TPFW. The Next Door is a private non-profit agency incorporated under the Laws of the State of Tennessee to provide community-based treatment and work release services for persons incarcerated in the State Prison System. Review of the contract confirmed it contained language that required the contracted facility to comply with the requirements of the Prison Rape Elimination Act. The auditor also reviewed the 2018 PREA Audit reports for Core Civic. Interview with the State-wide PREA Coordinator indicated the agency does monitor compliance with the contract.

Based on the review of the contracts, audit reports and interview, the facility has demonstrated compliance with all provisions of this standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☒ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☒ Yes ☐ No ☐ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education and Compliance
3. TDOC Index 506.22 Security Staff Assignments
4. TPFW Annual Staffing Review
5. Post Assignment Rosters
6. Log of unannounced rounds
7. Tennessee Prison for Women Staffing Plan
8. Observation while on-site
9. Interviews with:

- a. Warden
- b. PREA Coordinator
- c. PREA Compliance Manager
- d. Intermediate or Higher-Level Staff

115.13(a) TDOC Index 502.06 states the requirements of a facility staffing plan that provides for the adequate levels of staffing and monitoring to protect inmates against sexual abuse. These requirements contain the eleven requirements stated in this provision. This review shall be completed on the PREA Annual Staffing Review form CR-3964. The Tennessee Prison for Women Staffing Plan addresses the eleven requirements as indicated in this provision. The staffing plan was based on 754 inmates. Interviews with the State-wide PREA Coordinator, Warden and PCM indicated that the facility does develop and comply with a staffing plan as outlined in TDOC Index. Furthermore, it was indicated that the facility does consider each element of provision and that upper level administration as well as the State-wide PREA Coordinator review the staffing plan. Per the Warden video monitoring was given great consideration in calculating adequate staffing levels and determining the need for video monitoring for each element in provision (a). Three-hundred and fifty cameras were added since the previous PREA audit that includes limited audio capabilities. The cameras assist the investigative staff in determining the findings of cases through a review of the cameras and aid in the reduction of PREA allegations.

115.13(b) TDOC Index 506.22 indicates the Critical and Non-Critical post. The facility staffing plan is developed with minimum operation staffing levels in mind and a daily staff roster is reviewed to ensure adequate staff in accordance with the stated staffing plan. The daily rosters identify positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. Per an interview with the Warden and Chief of Security, there has been no deviations from the staffing plan in the filling of critical post, The Warden and Chief of Security review the shift reports daily. Critical post positions are never vacated even with a shortage of staff. Numerous staff have been hired to fill the vacancies. In a situation that there would be a vacant critical post, the Shift Commander would be required to contact the Warden, Associate Wardens and Chief of Security and all would make an effort to contact staff to report for the vacate critical post. Thus far, there has not been any deviations from the staffing plan. However, policy require deviations from the staffing plan to be documented on the daily roster with an explanation. Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution.

115.13(c) TDOC Index 502.06 states that by July 1st of each calendar year each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. TDOC Index 506.22 states that the Warden shall identify on each post assignment schedule all critical posts. Posts that are critical to the security of the institution must be filled on each shift. The staffing plan review is documented on an agency-wide standardized form. TPFW provided a copy of the Staffing Plan. The Plan was reviewed on June 17, 2019 and approved by the State on October 15, 2019. The form considers all the criteria required for a staffing plan review as required in this Standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility compliance manager and agency wide coordinator. Interviews with the State-wide PREA coordinator, Warden and PCM indicated that the facility does conduct a staffing plan review at least annually.

115.13(d) TDOC Index 502.06 indicates that each PREA Site Coordinator and/or PCM shall ensure that an unannounced PREA-free walk (inspection) is conducted monthly in accordance with the PREA Inspection Team Worksheet, CR-3821. This inspection shall be conducted to identify and deter sexual abuse and sexual harassment. The Security Shift Corporal and above, Unit Managers, and Administrative Duty Officer shall conduct and document unannounced rounds. The unit logbook shall be annotated with Unannounced PREA Inspection/Security Check when signing into the unit. The auditor reviewed the logbooks in all housing units for the previous 12 months and confirmed unannounced rounds were conducted not least than once on each shift by supervisory staff. The documentation of unannounced rounds was noted in red ink. Confirmation of supervisory rounds were also provided during their interviews. Each supervisory stated they alternate their rounds schedule and route regularly that prevents staff awareness of supervisory staff approaching their housing unit and/or work site.

Based on the review of policies, documentation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.14.2 Housing, Programming of Youth Inmates
3. Observation during onsite tour
4. Interviews with the following:
 - a. Warden
 - b. PCM

Review of the PAQ, policy and interviews confirmed the facility does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, Compliance
3. TDOC Index Personal Hygiene for Inmates
4. TDOC Index 506.06 Searches
5. TDOC Index 113.37 Gender Dysphoria
6. TCA Lesson Plan- Personal Searches
7. Training records
8. Observation while on-site
9. Interviews with:
 - a. PCM
 - b. Random staff
 - c. Inmates

115.15(a) TDOC Index 502.06 states that security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. TDOC Index 113.37 states that should circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the

search. TDOC Index 506.06 Searches states that routine strip searches and/or visual body cavity searches will occur in authorized areas. Searches based on reasonable suspicion require the Warden's authorization. Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. TPFW houses female inmates. Inmates interviewed did not report being subjected to cross-gender viewing by staff during a strip search or visual cavity search.

115.15(b) TDOC Index 506.06 states, "Female correctional officers may frisk search inmates of both genders". Male correctional officers may only frisk search male inmates. Discussion with staff and on-site observations verified that TPFW utilize female staff only to conduct frisk search and/or visual searches of the female inmates. Interviews with staff and inmate population confirmed the female inmates are never searched by a male staff member.

115.15(c) Body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12 months. Staff interviews did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff in the past 12 months. Inmate interviews did not indicate any occurrence of cross-gender viewing by staff during a strip search or visual cavity search.

115.15(d) TPFW Index 502.06.2-1 states, "Staff of the opposite sex announce their presence when entering a housing unit. Signage is noted on each housing door that opposite gender staff must announce themselves when entering the housing unit. This practice was observed during the tour. Additionally, during interviews with 32 inmates they all acknowledged the male staff always announce themselves when entering the housing unit repeatedly. Staff interviews also confirmed it is a common practice of the male staff announcing themselves prior to entering the housing units. There were no inconsistencies in this practice identified. During the tour it was noted that the facility implemented procedures that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. All housing units were observed to have shower doors and curtains in place that allow inmates to use both the bathroom and shower facilities without being observed by staff of the opposite gender. Inmates indicated they were not able to be viewed by opposite gender staff when using the toilet, showering, or changing clothes.

115.15(e) TDOC Index 506.06 Searches regarding strip searches of transgender and intersex inmate's states, "A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status." If an inmate's status is unknown it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. All staff interviewed reported that the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status. There were no inmates identified as transgender or intersex to interview via Skype or on-visit at the facility.

115.15(f) TDOC Index 506.06 defines the term "Frisk Search" as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects." Policy

notes that frisk searches may be conducted by female staff on male inmates. Likewise, policy also states, “Males shall not conduct searches of females” except during exigent circumstances a managing official or a designee may authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate. Strip searches are performed exclusively by staff of the same gender this including a provision for transgender or intersex inmates who may prefer to be searched by a specific gender of staff. The facility provides training on LGBTI and Frisk/ Body Searches, Restraints, and Scanning Devices. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The Pre-Audit Questionnaire noted that 100% of staff have been trained. Random staff interviews indicate they received training regarding cross gender, transgender, and intersex search procedures. There were no inmates who were identified as transgender and/or intersex at the facility during the Skype interview process and/or during the onsite visit for interview.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. TDOC Index 103.10.1 Title VI – Limited English Proficiency (LEP)
4. TPFW LEP Program Plan
5. Translation Services Documentation and Contract
6. Observation while on-site
7. Interviews with:
 - a. Agency head
 - b. Random staff
 - c. Inmate

115.16(a)(b) TDOC Index 502.06 states staff shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skill, or who are blind or have low vision. Agency policy also requires that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. TDOC Index 103.10.1 policy indicates that an assessment during the intake process will determine if the inmate requires language or literacy assistance. The review of "Plan for Providing Inmates with Limited English Proficiency Access to Programs and Activities (As required by the Civil Rights Act of 64) outlines the specifics for ensuring methods are identified for communicating with inmates who are LEP. The plan identifies the duties of staff within the various facility departments to include but not limited to medical/mental health services, classification assignment and hearing; disciplinary procedures, grievance procedures, education /programs. Housing assignment, court appearances, parole hearings program availability. The plan list outside agencies that are available to provides a variety of services for inmates with a range of disabilities to include LEP. A list of bilingual staff is identified within the plan and updated as needed. The inmate will be offered Language Identification Guide to make the determination. An interpreter will be provided through utilization of institution staff, volunteers, or contract interpreters to determine the extent of their proficiency. The staff member will document the provision of an interpreter by name on E-TOMIS Contact Notes

(LCDG). At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. The video presentation has audio and is also available in Spanish. Sign language services are available through Statewide Visual Communication Services. An Interagency agreement between the State of Tennessee Department of Corrections and Tennessee Foreign Language Institute has been established for the contractor to provide qualified language interpreter services for non-English speaking inmates. During the interview with the agency head/designee, she indicated the language line and sign language services are available to inmates. There were no inmates identified as LEP at TPFW. There were 3 inmates with low vision and 1 with a hearing aid. Each reported being given information regarding sexual abuse and sexual harassment in formats they were able to understand.

115.16(c) TDOC Index 502.06 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Contact Note LCDG shall be posted identifying the name of the assistor and their organization. During interviews, staff indicated they were aware that inmate interpreters should not be used regarding a PREA allegation. The auditor presented a variety of scenarios to random staff during the interview process. The 16 random staff reported they do not allow an inmate to translate for another inmate and would not do so for a report of sexual abuse and/or sexual harassment. A bilingual staff would be utilized and if not available the available translation services would be used by the Shift Commander.

Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 301.04 Job Requirements
3. TDOC Index 502.06 PREA Implementation, Education and Compliance
4. TDOC PREA Self Declaration Form

5. TDOC PREA Questionnaire for Prior Institution Employees
6. Hiring and Promotional Records
7. Criminal History Background Records Check Documentation
8. Interviews with:
 - a. PREA Coordinator

- b. Administrative (Human Resources) Staff

115.17(a) TDOC Index 301.04 states all applicants for employment or promotions, all contract employees, and all volunteers who may have any contact with inmates shall sign PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 to ensure compliance with PREA Standards which states that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Background checks are performed locally. Human resources staff verified that the agency prohibits the hiring or promotion of anyone who do not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision. Fifty-one new employees were hired for employment at TPFW for the review period. Records indicated that applicants are required to complete a Self-Declaration questionnaire regarding all the elements of this standard. Ten personal files were reviewed and confirmed the completion of background checks prior to their employment at the facility.

115.17(b) TDOC Index 301.04 states, “The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate.” Human resources staff reported that incidents of sexual harassment are considered during the application, interview, background investigation, and orientation processes. Human resources staff indicated this also true for contractors. Fifty-one new hires and 29 promotions was conducted between January 1, - December 31, 2019. Ten new hires and 6 promotional records were reviewed. Records indicate that applicants were asked about the types of behavior described in 115.17(b) regarding sexual harassment.

115.17(c) TDOC Index 301.04 indicates that a NCIC criminal history record check shall be conducted on all prospective departmental, contract, and TRICOR employees. HRD staff will make efforts to contact all prior institutional employers of new employees utilizing the CR-3962 PREA Questionnaire for Prior Institution Employers. The auditors’ review of staff personnel files confirmed a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers.

115.17(d) TDOC Index 301.04 states before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor’s employees who may have contact with an inmate.” Per an interview with the HRM, he explained during the background check for contract workers, the contract worker reports to an outside vendor to complete their fingerprints. The information collected goes directly to the Tennessee Bureau of Investigation and

possibility the Federal Bureau of Investigations (FBI). The HRM himself conducts the NCIC on the contractors and have access to the fingerprint results. An interview with the Chaplain confirmed she conducted background checks for volunteers entering the facility under the religious service programs.

115.17(e) TDOC Index 301.04 indicates that each subordinate employee and contractor service provider who may have contact with an inmate, an appointing authority, or a designee, shall conduct a criminal records background check annually during the employee's birth month.

115.17(g) TDOC Index 301.04 indicates that a material omission regarding conduct described in this directive or providing materially false information may result in disqualification from further consideration for employment and shall be grounds for termination of employment. Additionally, the Self-Declaration Application Form states I hereby certify that to the best of my knowledge and belief, all the information I provide in this form is true, complete, and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered later."

115.17(h) TDOC Index 301.04 states that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute. An interview with the HRM confirmed the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work upon receiving a question are from another correctional facility. The questionnaire is forward to the facility investigator for completion. Upon completion, the questionnaire is returned to the inquiring facility by the HRM. The staff member seeking employment must give prior approval before the questionnaire can be forward for inquiry of their previous employment.

Based on the review of policies, documentation, interviews and analysis, the facility has demonstrated they exceed in the requirement to conduct background investigation at least every 5 years. Specifically, TDOC policy require and the facility ensures a background check is completed every year on all staff during their birth month. Additionally, on a yearly basis each staff member is required to sign a new Self Declaration form.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☒ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) TDOC Index 108.01 states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect inmates from sexual abuse. The Warden explained when planning substantial modifications to facilities the agency considers PREA requirements to relevant blind spots in building plans. There were no substantial expansion or modification of the existing facility at TPFW since the previous PREA audit.

An interview with the Agency Head/Designee indicated when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, ACA and PREA standards are given consideration. All recommendations are processed through the chain of command to the Commissioners. She continued in stating the Commissioners does not approve the recommendations without communicating with the Director of Compliance with the Office of the Inspector General and reviewed by the State-wide PREA Compliance Manager of the Office Inspector General. All facilities have cameras and mirrors installed. Additionally, a budget has been awarded to add and upgrade cameras throughout all TDOC facilities.

115.18(b) An interview with the Warden and OIC Institution Investigator indicates that the facility increased institution cameras to 430 in 2018. Three hundred and fifty cameras were added. Audio is also available with some of these cameras. The increase in cameras offer great assistance in the prevention and detection of sexual abuse and/or sexual harassment. Additional mirrors have been added to the Behavior Health Department to alleviate blind spots and a door without a window was replaced. An

interview with the Warden indicates they consider statistics (e.g. a prevalence of incidents), past problem areas, blind spots, and evidence-based practices.

Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)

2. TDOC Office of Investigation and Compliance Evidence Protocol #005

3. TDOC Index 502.06.3 Medical, Behavior Health, Victim Advocacy and Community Support for PREA Victims

4. TDOC Index 502.06.2-1 PREA Allegations, Investigation and Sexual Abuse Response Team (SART)

5. TPFW Index 502.06.2-1 PREA (SART)

6. MOU with The Sexual Assault Center

7. PREA First Responder PREA Allegation Procedures

8. Investigation Files

9. Interviews with:

a. Facility Investigators

b. Warden

115.21(a) TDOC Index 502.06.2 and TPFW Index 502.06.2-1 state it is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 CFR Part 115).

115.21(b) The Agency employs investigators who have received special training in conducting sexual abuse investigations in confinement settings. The Office of Investigations and Compliance Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. The OIC Institution Investigator is authorized to conduct administrative investigation. The OIC Special Agent is authorized to conduct administrative and criminal investigations. The TDOC website was reviewed and the policy was posted on the agency website. Interviews with investigative staff indicate that all allegations of sexual abuse and sexual harassment are investigated. TDOC Index 502.06.3 outlines that if medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensic exam at no cost to the victim.

115.21(d) TDOC has a Memorandum of Understanding with The Sexual Abuse Center. The Sexual Assault Center to provide victim advocacy services. The Sexual Abuse Center provide advocacy services, and as an agency for reporting PREA allegations of sexual abuse and sexual harassment.

TPFW has four staff members who have completed training to service as a victim advocate for the facility. Their names and positions are identified as such on all bulletin boards accessible to the staff and inmate population. The TPFW uses the local hospital (Nashville General Hospital – MeHarry) for all forensic examinations and they also provide a victim advocate. An interview with the Charge Nurse at the outside hospital explained SANE/SAFE Nurses are not regularly on duty but are the Sexual Assault Team is on call 24/7 to provide the services. Interviews with Warden, OIC Investigators and the PCM indicates there have been no forensic exams performed in the last 12 months.

115.21 (e, f, h) TPFW identifies four staff who have received proper training to serve as a victim advocate. A review of a PREA Information Packet stated if requested by the victim and the services are reasonably available, have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigation interviews with a qualified victim advocate, a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role or a non-Department community-based organization representative who meets the criteria for a Department employee. The Charge Nurse at the Nashville General Hospital MeHarry stated a volunteer victim advocate is contacted to provide services to the victim and is on call 24/7 to provide emotional support, crisis intervention, information, and referrals as needed for victims to include TDOC inmates. TDOC Office of Investigations and Compliance Special Agents are responsible for conducting investigations of criminal sexual abuse.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigation and SART
3. TPFW Index 502.06.2-1 PREA Allegations, Investigation and SART
4. PREA PAS Tracking log (PREA Allegation System)
5. Investigation Files
6. Interviews with:
 - a. Investigative Officers
 - b. Warden

115.22(a) TDOC Index 502.06.2 states, “It is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner. The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responders and Sexual Assault Response Team (SART), which includes medical and behavioral health practitioners, institutional investigator, and facility leadership. These investigations shall be conducted within 72 hours of receiving the allegation. Interviews with the OIC Institution Investigator and OIC Special Agent Investigator indicated normally the initial investigation begin on the same of the reported allegation. There were 20 PREA allegations reported from January 1, 2019 – December 31, 2019. There were 18 administrative investigations and 2 criminal investigations conducted. Per interviews with the Agency Head/Designee, Warden and 2 Investigators all PREA allegations to include sexual abuse to include those reported by third party, anonymously, verbally, drop note and all investigated in the same manner.

An interview with the Agency Head Designee indicated TDOC conduct both administrative and criminal investigations. An Office of Investigations and Compliance Institution Investigator is assigned at every correctional institution to conduct administration and Office of Investigation and Compliance Agents conduct criminal investigation. All PREA allegations are required to be documented and uploaded in the system within 24 hours of being reported. There are times when the District Attorney’s Officer will accept a criminal case for prosecution but not all criminal cases are accepted.

115.22(b) Interviews were conducted with the Warden, OIC Institution Investigator and OIC Special Agent noted that every allegation of sexual abuse or sexual harassment is investigated by Investigators and Agents employed within the Tennessee Department of Corrections. The Special Agent Investigators has the legal authority to conduct criminal investigation, regardless if the allegation does involve potentially criminal behavior. He continued in stating when an OIC Institution Investigator determines there is a possibility of criminal charges within a reported allegation, the case is referred to the Office of Investigations and Compliance Special Agents for completion then referred to the State Assistant District Attorney for prosecution.

115.22(c) TDOC is responsible for investigations of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 110.05 In-Service Training
3. TDOC Index 502.06 PREA Implementation, Education, and Compliance
4. TCA PREA Training Lesson Plans
5. PREA Training records and Rosters
6. Interviews with:
 - a. PCM
 - b. Training Staff
 - c. Random staff

115.31(a) TDOC Index 502.06 states, "The Tennessee Correction Academy (TCA) will be responsible for the development and distribution of the course lesson plans annually. All lesson plans or materials utilized for pre-service and in-service training on inmate sexual abuse and sexual harassment shall be approved by State-wide PREA Coordinator and TDOC General Counsel. One hundred seventy-nine staff were employed at TPFW during the review period. Each of those employees was required and received PREA training that are noted in standard 115.31 (a).

115.31 (b) (c) PREA training is part of the annual training curriculum. TDOC utilizes the TCA PREA lesson plans. The lesson plan is tailored to both the male and female inmate population. The lesson plans cover the 10 topics specified in this provision.

A review of staff training records was performed to confirm staff completed the required PREA training. Random staff interviews indicated that in-service training is provided annually and that PREA is part of this training. 100% of random staff interviewed reported that in-service training contains all the information required by this provision. Anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. As of September 2019, seasoned staff are scheduled to complete in-service PREA training on-line. New hires continue to complete PREA training during their orientation in Day 1 CORE Training. Those staff who do not have access to a computer and/or need to be relieved from your assigned duty post, are scheduled weekly for the computer lab. The auditor presented staff with a variety of scenarios during the interview process. The 16 staff selected for random interviews and all specialized staff spoke with confidence and was very competent in their responses during their interview about their knowledge of PREA training.

115.31(b) TDOC Index 502.06 states, “Such training shall be tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.” Training is designed for officers to be able to function in both female and male facilities. TPFW houses female inmates; however, staff may transfer to any facility in the system.

115.31(c) The Department shall provide each employee with refresher training annually to ensure that all employees know the Department’s current sexual abuse and sexual harassment policies and procedures. TPFW PAQ indicates that 100% of staff have received PREA training. A random selection of 30 staff PREA training confirmed all had received prior PREA training.

115.31(d) TDOC Index 502.06 states, “The TCA Department and facilities shall document, through employee signature or electronic verification that employees understand the training they have received using Employee PREA Training Acknowledgement, CR-3965.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated exceeds in compliance of this standard. The facility provides refresher PREA training for employee annually rather every two-year requirement. Additionally, PREA education on bulletin boards and throughout the institution and staff responses during the interview process confirm the commitment of TPFW to TDOC policies and the Department of Justice PREA standards with continuous PREA education.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 110.01 Pre-Service (Basic) Training and Employee Orientation
3. TDOC Index 502.06 PREA Implementation, Education, and Compliance
4. TDOC Volunteer Orientation & Training Manual
5. PREA Training records and Rosters
6. Interviews with:
 - a. PCM
 - b. Training Staff

c. Volunteer Coordinator

d. Contractors and volunteer

115.32 (a), (b) TDOC Index 110.01 states that part-time employees, volunteers, contract staff and other transferring employees NEO; part-time employee, volunteer, contract staff and employee who are permanent transferring from one location to another shall receive a minimum of 20 hours of work site orientation appropriate to their assignment. The TCA Curriculum for PREA will be used. TDOC Index 502.06 states that employees of privately managed facilities shall receive PREA training as part of the pre-service and in-service training requirements established by the Contractor and approved by TDOC. The Director of Contracts Administration shall ensure that all new TDOC contracts or contract renewals include language requiring compliance with the PREA standards. Per the PCM, contractors attend in service using the department's PREA lesson plan. Volunteers and contractors who have minimal inmate contact receive the pre-service training. Per the PAQ, TFPW has 84 contract staff and 1060 volunteers that have contact with the inmate population. The auditor reviewed a sample of documentation which indicated contractors and volunteers received training based on the services they provide and level of contact they have with inmates.

115.32(c) Each volunteer and contractor receive their training at the facility. Training acknowledgement for volunteers and contractors is documented through signature on CR-3965 notating that they understand the training received. Contract staff attend the Non-Academy Pre-service Orientation training for new employees and attend annual in-service training with TDOC staff in Day 1 CORE Training.

Contract medical staff confirmed they also receive PREA training through TDOC in-service and on-line from Centurion. Mental Health/Behavior Health confirmed they also receive PREA training during TDOC in-service and on-line through Corizon. Food Service staff who are contracted through Aramark indicated they receive annual PREA training during TDOC in-service. Each of the contract staff was very knowledgeable of TDOC policy against sexual abuse and/or sexual harassment and how to report it. Medical and behavior health staff explained they have further roles in their official positions as a Nurse and Behavioral Health Administrator upon a reported sexual abuse allegation.

The volunteers receive PREA training from the Chaplain during recertification. Because of COVID-19 and restricted entry into the facility, the auditor conducted a phone interview with a random selected volunteer arranged through the Chaplain during the onsite visit. The volunteer shared she had been a volunteer at TFPW for 3 years and receive PREA training annually during recertification. She continued in stating the volunteers are required to acknowledge receipt and understanding of the PREA material given. The volunteer was extremely knowledgeable of the PREA standards and requirements as not only a volunteer but that of an official TDOC employee to include as a first responder, including zero tolerance for sexual abuse and sexual harassment, that incidents must be reported and how to report, responsibilities, and rules of conduct for each volunteer.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. TDOC Index 103.10.1 LEP Policy
4. PREA Hotline signs (English and Spanish)
5. TPFW Inmate handbook
6. PREA Sexual Assault Awareness Brochure (English and Spanish)
7. Inmate PREA Orientation Receipt
8. Observation on site
9. Interviews with:
 - a. PCM

b. Intake Staff

c. Classification staff

d. Random inmates

115.33(a)(b) (c) TDOC Index 502.06 states that all inmates entering the TDOC system shall receive verbal and written information concerning sexual abuse within 24 hours of intake at the diagnostic centers. Each facility shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. During intake, inmates receive and sign for the inmate handbook. It provides information on the agency's zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report sexual abuse and sexual harassment.

During interviews with intake staff confirmed the inmates receive a handbook, PREA pamphlet and are shown the PREA video titled "PREA: What You Need to Know." The inmates are required to sign for the receipt of each. She continued in stating; the inmates receive further PREA education from the Intake Counselor in the housing unit. The information provided to newly arriving by the Intake staff provide explains the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The 30 inmates interviewed indicated they received the handbook, pamphlet and observed the PREA video upon their arrival at the facility during intake. The inmates also mentioned the PREA information that is posted on the bulletin boards and signage on the walls, and on every telephone providing them with PREA information and how to report PREA allegations. Random files were selected for the purpose of evaluating intake records. The review of inmate file documentation indicated that inmates received the handbook at intake on the day of arrival.

115.33 (d) (e) TDOC Index 103.10 states that inmates will be provided orientation information in formats accessible for all inmates. Inmates are provided with a Sexual Abuse Brochure in both English and Spanish. A 16 minutes PREA video titled "PREA: What You Need to Know" is played in the intake area upon the inmate's admission. Inmates sign the Orientation Acknowledgement indicating that they understand the information provided. Per a Counselor who conducts the inmate orientation and 30-day follow-up risk assessment, orientation is usually conducted 14 business days of the inmate's arrival at the facility in conjunction with the follow-up 30-day PREA risk screening assessment. The 30 inmates interviewed confirmed their receipt of PREA education upon arrival through observance of the PREA video, handbook, pamphlets and continuous PREA education on bulletin boards throughout the facility and on the inmate telephones. Overall inmates reported having received comprehensive orientation was completed within 30 days of their arrival. A review of inmate file documentation indicates that 100% received comprehensive orientation within 30 days of arrival.

115.33(d) (e) TDOC Index 103.10 and TDOC Index 502.06 states, "The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Interpreter services are available and documented in Contact Note LCDG. Random file reviews indicated that inmates sign forms acknowledging receipt of the intake information and participation in comprehensive orientation.

115.33(f) PREA information was observed to be continuously and readily available to the inmate population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the institution. Signage was observed to be available in English and Spanish. Inmates are provided with personal copies of PREA brochures and the inmate handbook.

Based on the review of policies, inmate files, inmate interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigation, and SART
3. TDOC Index 107.01 Office of Investigation and Compliance Unit Authority, Responsibility, Personnel Selection and Training
4. Documentation of Specialized Training for Agency Investigators
5. Interviews with:
 - a. Facility Investigator

115.34(a) TDOC Index 502.06.2 states that where the allegation of alleged sexual misconduct involves sexual abuse, the investigation shall be conducted within 72 hours of receiving the allegation. SART team members/investigators who have received specialized training related to conducting sexual abuse investigations in a confinement setting shall investigate. The OIC Institution Investigator is a member of the SART. He contacts the OIC Special Agent immediately when circumstances warrant further actions pursuant to criminal findings. OIC Special Agents gather and preserve direct and circumstantial evidence and interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Upon completion of training OIC Special Investigator and OIC Special Agents are issued a certificate of completion indicating they have successfully completed training in conducting PREA investigations. OIC Special Agent completed training provided by Tennessee Police Academy, Tennessee Bureau of Investigation and the online PREA training titled: Conducting Sexual Abuse Investigations in a Confined setting through the National Correction Institution (NIC).

TPFW has an OIC Institution Investigator who conducts administrative investigation and an OIC Special Agent is assigned to conduct criminal investigations. During an interview, the Institution Investigator indicated in addition to completing the NIC course Conducting Sexual abuse Investigation in a confined Setting through NIC and he also received such training from the Tennessee Bureau of Investigation. Information covered during investigator training included but was not limited to evidence collection, interviews, documentation, and evidentiary standards. He indicated that all administrative investigations completed in the past 12 months were conducted by him as a Institution Investigator and the criminal investigations are completed by an OIC Special Agent. Training records indicate that the OIC Special Agent and OIC Institution Investigator both completed the appropriate training.

115.34(b) An interview with the OIC Special Agent indicated the specialized training for the OIC Special Agents is through the Tennessee Police Training Academy, Tennessee Bureau of Investigations, and the Tennessee Law Enforcement Academy. The lesson plan is intended for use with Department personnel assigned to investigate an allegation of misconduct that involves a sex related offense. This training gives participants the information they will need to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act. This includes the definition, purpose, and history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations.

The State -wide PREA Coordinator provided PREA Investigation Training by utilization of a Power Point to the all TDOC staff assigned the following position: OIC Special Agents, TDOC Institutional Investigators, TDOC Associate Wardens of Treatment, TDOC PREA Compliance Managers, CoreCivic Associate Warden of Treatment, and CoreCivic Investigators. The training consisted of an 18-slide presentation that discussed the role of the investigator and provided numerous scenarios as table-top activities for discussion on conducting thorough PREA investigations and the determining findings of the scenarios. The training also allows less experienced investigators the opportunity to interact and gather knowledge from more experience investigators. The formation of investigative files was also a topic during the training. In addition to the investigators receipt of the training, the Associate Wardens of Treatment gained knowledge of the PREA investigative method as some had no experience in the review of PREA investigations in their prior roles. The State-wide PREA Coordinator also serve as the Monitoring Agent for CoreCivic. To be consistent with TDOC policies regarding PREA investigations, it was beneficial to the agency to include the CoreCivic investigators and CoreCivic Associate Wardens of Treatment on the training for a clear understanding of the standard, consistency in conducting PREA investigations and the maintenance of the investigative files.

115.34(c) The PREA Audit Manual states, “The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.” The auditor reviewed training records and certification of the OIC Special Agent and OIC Institution Investigator completed specialized training for conducting sexual abuse investigations in a confined setting.

Based on the review of training lesson plans, training records, interviews and analysis, the facility has demonstrated a level of exceeding in the compliance with all the provisions of this standard. The facility are beyond the standard requirement of specialize training for investigators of sexual abuse allegations performed by the facility, Tennessee Bureau of Investigations, Tennessee Police Academy, NIC on-line

courses, and special session conducted by the State-wide PREA Coordinator, TPFW exceeds in the provisions of this standard. The inclusion of the Associates Wardens and CoreCivic personnel in the investigative training strength their knowledge and understanding of the investigative process and review of case files.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education and Compliance
3. TDOC Index 502.06.3 Medical, Mental Health, Victim Advocacy, and Community Support Services for PREA Victims
4. PREA Resource Center Lesson Plan – Specialized Training for Medical/Mental Health Care Standards
5. Training Certificates
6. Training records
7. Interviews with:
 - a. Medical and Behavior Health Staff

115.35(a) TDOC Index 502.06 states all full and part-time medical and mental health care practitioners who work regularly in the facility shall be trained in: how to prevent, detect, and respond to acts of sexual abuse or sexual harassment. Medical and mental health staff are contract employees who must

complete the agency's PREA training and specialized training received from the contractor (Corizon or Centurion). The training curriculum Medical and Mental Health Care Standards Presentation was reviewed. This information covers the agency's zero tolerance policy, methods of reporting, consequences for participating in prohibited activities, and basic actions to take (i.e. separate victim and aggressor) during an incident. This includes a duty to report and how to report allegations of sexual abuse and sexual harassment. The information also covers characteristics of at-risk populations, predatory inmates, and the warning signs associated with victimization. During interviews with medical and behavioral health staff they indicated they received PREA training from both TPFW and on-line through their contracting agency. The auditor also reviewed training records and certificates.

115.35(b) The agency nor the facility conducts forensic medical exams. All forensic examinations are performed off-site at a local medical facility, Nashville General Hospital MeHarry in Nashville, TN.

115.35(c) (d) The auditor reviewed training records showing all medical and mental health staff attended and passed the TDOC PREA training. The auditor also reviewed training certificates indicating all medical and behavior health staff attended specialized training.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☐ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.41(a) TDOC Index 502.06.1 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the TDOC to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. The agency uses the PREA Screening System Application located on the TDOC intranet to assess an inmate's risk of sexual victimization and risk of sexually abusing other inmates. A random sample of 30 inmate PREA Screening System forms was selected for review. 100% of the sample was screened using the PREA Screening form. The initial risk screening assessment is completed upon arrival to TPFW by the intake counselor. Due to the global pandemic of COVID -19, there were no inmate incoming traffic during the onsite visit for observation of the intake and/or screening for risk of victimization and abusiveness by the intake counselor. However, the intake staff conducted a mock exercise of the intake process upon an inmate's arrival. The auditor was escorted to an office area that allowed privacy during the risk screening process. Interviews with the classification and unit management teams indicate the PREA Screening System is utilized to conduct screening for the risk of sexual victimization and abusiveness. Overall inmates interviewed reported being asked questions related to the PREA Screening System form.

TPFW goes beyond the requirement of this standard in the performance of risk screening for victimization and abusiveness of the inmate population. Every inmate who depart the facility for an outside medical trip and/or court appearance who return on the following day after departure receive a new screening for risk of victimization and abusiveness. An example is if an inmate departed the facility on August 5, 2020 at 4:00 p.m., to a local medical facility and return on August 6, 2020, at 12:01 a.m., staff will perform a new screening for risk of victimization and abusiveness. The State-wide PREA Coordinator explained this procedure was put in place to offer an additional safety measure for the inmate population while allowing the inmate to report any concerns or occurrences of sexual abuse and/or sexual harassment while away from the facility.

115.41(b) TDOC Index 502.06.1 directs that classification or unit management teams from diagnostic classification units will interview and evaluate all inmates for sexually aggressive/victim tendencies utilizing the PREA Screening System Application within 72 hours of arrival at a facility. The PAQ indicated that 1015 inmates had been admitted with a stay longer than 72 hours. A review of screening forms show compliance with the 72-hour requirement. A majority of the PREA Intake Screening forms reviewed were completed on the day of arrival.

115.41(c) TDOC Index 502.06.1 requires authorized users to utilize the PREA Screening System Application located on the TDOC intranet. User security access to this system is authorized by the Associate Warden of Treatment. The PREA Screening System Application form is the agency-approved standardized screening instrument. Copies of the Tennessee Inmate Management Information System (E-TOMIS system) PREA Screening form was provided with the PAQ in addition to those of random selected inmates completed forms. The PREA Screening form assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12

separate inmate risk of victimization factors and risk of abusiveness factors. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the inmate record.

115.41(d) The auditor reviewed the screening instrument and instructions and found that it addresses nine of the criteria required by this provision. The PREA Screening System Application does not consider whether the inmate is detained solely for civil immigration purposes. However, documentation indicates that the TDOC does not house inmates solely for civil immigration purposes.

115.41(e) The PREA Screening System Application factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges. A review of the PREA Screening System Application revealed that it does consider all the criteria required by this provision.

115.41(f) TDOC Index 502.06.1 requires unit management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility using the PREA Screening Application. A random sample of 30 inmate PREA Screening Application forms was reviewed for compliance with the reassessment being completed within 30 days of arrival. 100% of the PREA Intake Screening forms reviewed were compliant with the 30-day requirement. The PAQ indicated that TPFW admitted 727 inmates whose stay was longer than 30 days. Staff who perform risk screening re-assessments indicated that re-assessments are conducted within 30 days of arrival at the facility. The Intake Counselor who conducted the risk screening confirmed 30-day follow-up risk assessment are normally conducted at 14 business days, but not more than 30-days after the inmate's arrival. The vast majority of the 32 inmates interviewed did recall being asked questions associated with the PREA Intake Screening form a second time.

115.41(g) TDOC Index 502.06.1 requires unit management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. The PREA Screening System Application is utilized to conduct any re-assessment. Staff who perform risk screening indicated that a re-assessment is conducted upon receiving information that an inmate has been abused, harassed, or something has changed regarding the initial assessment. Staff assigned to conduct PREA risk screenings indicated she often speak with the inmate population and sometimes the inmates will provide additional information after becoming familiar with staff and the facility. She continued in stating she conduct an additional risk screening upon receipt of new information.

115.41(h) TDOC Index 502.06.1 states that inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening were interviewed reported an inmate is not disciplined for refusing to respond or for not disclosing complete information and stated most inmates are cooperative and provide responses. During inmate interviews, no inmate reported being disciplined for refusing to answer PREA risk screening questions.

115.41(i) TDOC Index 502.06.1 indicates that screening information is strictly need-to-know. Access to the PREA Screening System Application is controlled through authorized user security access. Unit Management staff will ensure screening information is entered in the PREA Screening System

Application, E-TOMIS. Per the State-wide PREA Coordinator, Counselors have access to conduct the risk assets but cannot review the responses in E-TOMIS after the input is upload. The counselors can only observe the inmate's score once uploaded.

The practice of staff performing an additional screening for risk of victimization and/or abusiveness for all inmates who depart the facility and their return to the facility is the following day as an additional safety measure for the inmate population exceeds the provisions of this standard. Therefore, based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance at an exceed level of this standard.

Per an interview with the State-wide PREA Coordinator, a weekly report "Monitoring Due Report" is automatically forward to each TDOC institution via E-TOMIS that is automatically generated to the PCM, Associate Warden (T), Chief Counselor and himself. The monitoring of victims and aggressors are conducted every 90 days for a minimum of 12 months, and each require approval by the State-wide PREA Coordinator for removal. The victim may request removal prior to 12 months of completion however, this option of removal from monitoring is not available to an aggressor. Negative conduct, additional sexual abuse allegations are some of the circumstances that may prolong an aggressor monitoring to extend beyond 12 months.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the

placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.14 Housing Assignments
3. TDOC Index 502.06.1 PREA Screening, Classification, and Monitoring
4. TDOC Index 113.37 Gender Dysphoria
5. TDOC Index 112.08 Personal Hygiene Resources for Inmates
6. TPFW Index 112.08.1 Personal Hygiene Resources for Inmates

Interviews with:

- a. Agency Head Designee
- b. PREA Compliance Manager
- c. Intake staff
- d. Counselors

e. Inmates

115.42(a) TDOC Index 502.06.1 states, “Decisions concerning individual housing assignments and group activities for inmates who enter TDOC and identifies as a sexual aggressor or prior sexual victims are under the supervision the unit management/Associate Warden/Deputy Superintendent/Designee. Housing, cell assignments, work, education, and program assignments shall be made with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive. The facility does not house victims and abusers together. Staff who perform screening reported inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. When the Job Coordinator attempt to assign inmates’ job or staff attempt to assign inmates who are incompatible, they receive notification that they are incompatible and the E-TOMIS system will not allow the inmates to assigned to jobs and/or cell assignment together.

115.42(b) TDOC Index 502.06.1 states no inmate will be double celled until the required screening has been completed. Inmates who are deemed sexual aggressors or sexual victims will be appropriately housed until assessed by behavioral health professionals or classification.

115.42(c) TDOC Index 502.06.1 states decisions to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments are made on a case by case basis. A review of the PREA Screening System Application form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The PCM indicated placement and programming assignments for transgender and intersex inmates are reviewed with the unit management team. There were no inmates assigned at TPFW to interview via the Skype process or during the on-site visit.

115.42(d) TDOC Index 502.06.1 indicates that placement for inmates identified as transgender or intersex shall be considered on a case-by-case basis. Theses identified inmates shall be reclassified every six months by the assigned counselor to review any threats to safety experienced by the inmate. The inmate’s own views with respect to his safety shall be given serious consideration. There were no inmates identified as transgender and/or intersex within the 12-month audit period nor was there one at the facility for an interview. Staff assigned to perform risk screening indicated placement of inmates identified as transgender or intersex would be considered on a case-by-case basis only and was aware that they are be re-assess twice yearly.

115.42(e) TDOC Index 502.06.1 indicates that a transgender or intersex inmate's own view with respect to personal safety shall be seriously considered. Staff who perform risk assessment indicated although she has not had an inmate identified as transgender or intersex on her caseload, the inmate’s concerns for their personal safety would be given consideration. There were no inmates who identified as transgender and /or intersex during the interview process.

115.42(f) TDOC Index 112.08 and TPFW Index 112.08-1 indicate that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PCM indicated that transgender and intersex inmates would be given the opportunity to shower separately from other inmates. Staff who perform screening for risk assessments indicated all showers at the facility are in individual staff with concrete walls between each showers with doors and curtains and in some cases both, therefore, inmates who identify as transgender and/or intersex would allowed to shower separately.

At the request of a time difference in showering, the request would be granted. There were no inmates identified as transgender and/or intersex for interview at TPFW.

115.42(g) TDOC Index 113.37 Gender Dysphoria states, “Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely based on such identification or status. Four inmates who identified themselves as gay and two who identified themselves as bi-sexual indicated the facility does not house lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units or wings. The Warden and TPFW PCM indicated that TPFW does not house lesbian, gay, bisexual, transgender, or intersex inmates in dedicated unit. Direct observation corroborates staff and inmate interview results.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☐ Yes ☐ No ☒ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC Index 502.06.1 PREA Screening, Classification, and Monitoring
4. TDOC Index 113.37 Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Conditions
5. Inmate Files
6. Interviews with:
 - a. Warden
 - e. Staff who supervise segregation

115.43(a) TDOC Index 502.06.2 states that any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements set forth in this policy and coordinated by the unit management team. Protective Services Investigative Routing, CR-3241 shall clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged. This housing assignment shall not ordinarily exceed a period of 30 days. The PAQ noted that there have been no inmates held in involuntary segregated housing in the past 12 months. An interview with the Warden revealed, she was aware of the requirements pertaining to the placement of inmates at high risk of sexual victimization in involuntary segregated housing, but this practice is not applicable to TPFW. The facility does not use involuntary segregated housing for inmates determined to be at a high risk of victimization. An interview with staff who supervise inmates in segregated housing also confirmed the facility does not use involuntary segregated housing for inmates who are identified at a high risk of victimization. An inmate who alleges to be a victim would have to request protective custody for placement in segregated housing, it would not be involuntary. Other housing arrangements would be made.

115.43(b) TDOC Index 502.06.2 states that inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility shall document what opportunities have been limited, the duration of the limitation, and the reasons for such limitations. This shall be documented on LCDG Contact Notes. An interview with staff who supervise inmates in segregated housing indicated no restriction are imposed on inmates.

115.43(c) The PAQ noted that no inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. The Warden indicated involuntary segregated housing is not used for inmates at high risk for sexual victimization. Staff utilize other methods to include making alternate housing arrangements within other housing units.

115.43(d) An interview with the Warden dedicated the facility at no time utilize involuntary segregated housing for inmates who are determined to be at a high risk of victimization. However, policy does provide guidance in TDOC Index 502.06.2 which states that if an extension is necessary, the SART

member shall clearly document in the PREA Allegation System application the basis for concern for the inmate's safety; the reason why no alternative means of separation can be arranged; and the need for emotional support services for inmates or staff who fear retaliation for reporting sexual abuse, or sexual harassment, or for cooperation with investigations.

115.43(e) TDOC Index 502.06.2 states that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. In an interview with the Warden, she was aware of the requirement for 30 days reviews, however, the facility does not utilize involuntary segregated housing for an inmate who has been identified at a high risk for sexual victimization. An interview with staff who supervise inmates in segregated housing indicated the alleged victim would remain on the compound and the alleged abuser would be placed in segregated housing pending an investigation.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland

Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)

☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. MOU Between TDOC and The Sexual Assault Center
4. TDOC Website
5. PREA Tip line Posters
6. PREA Posters
7. Inmate Handbook
8. Interviews with:
 - a. Random staff

b. PCM

c. Random Inmates

115.51(a) TDOC Index 502.06.2 states the Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. These include but are not limited to: (a) written communication (includes electronic documents); (b) Reporting directly to staff (Verbally); (c) Third-party reporting; or (d) Facility PREA Tip Line. TPFW distributes a PREA Fact Sheet at Intake to all inmates which outline the multiple ways an inmate may report an allegation of sexual abuse or harassment. The Inmate Handbook and posters contain information on how to report sexual assault. Random inmate interviews indicate all inmates were aware of the reporting options available. They indicated there is signage on walls for the calling the PRERA Hotline was a common response. Random staff interviews indicate that all staff were aware of the internal and external reporting options available to the inmates and themselves.

115.51(b) TDOC Index 502.06.2 indicate that they allow inmates to make a report of sexual abuse or sexual harassment to an outside governmental entity that is not affiliated with the agency or that is operationally independent from agency leadership. This information is made available through the Inmate Handbook and inmate bulletin boards throughout the facility.

TPFW does not house inmates detained solely for civil immigration purposes.

115.51(c) TDOC Index 502.06.2 indicates that all staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, even if not part of TDOC. Inmates also have access to a toll-free hotline number which will refer any reports for investigation. The 32 inmates selected for interview were able to identify the two PREA hotline numbers to the auditor as *9222 internal and *9555 for external reporting. Each indicated the hotline numbers were posted throughout the facility and on each inmate telephone. Inmate interviews indicated they knew they could report sexual abuse or sexual harassment either verbally, in writing, anonymously or via third parties. Most inmates also indicated that they could report sexual abuse or sexual harassment anonymously. All random staff reported inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Staff indicated that they would document verbal reports of sexual abuse or sexual harassment immediately and definitely prior to the end of their shift.

115.51(d) TDOC Index 502.06.2 indicates that staff may privately report sexual abuse and sexual harassment of inmates to the Central Office PREA Tip Line (*9555). Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline and notifying a supervisor as the primary ways to make a private report of sexual abuse or sexual harassment. The auditor noted all staff carry a PREA Refresher Card on their ID Badge.

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 501.01 Inmate Grievance Procedures
3. Interviews with:
 - a. State-wide PREA Coordinator
 - b. TPFW PCM
 - c. OIC Institution Investigator
 - d. TPFW Grievance Chairperson

115.52(a) TDOC Index 501.01 indicates that the agency has an administrative remedy program that may be used to file an allegation of sexual harassment or sexual abuse. It states that an inmate may submit a grievance alleging sexual abuse at any time.

115.52(b) TDOC Index 501.01 states applicable time limits shall apply to any portion of a grievance that does not allege an incident of sexual abuse.

115.52(c) TDOC Index 501.01 states that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance shall not be referred to a staff member who is the subject of the complaint.

115.52(d) TDOC Index 501.01 states a final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued by the Associate Warden of Treatment and Deputy Superintendent within 90 days of the initial filing of the grievance. Computation of the 90-day limit shall not include time used by inmates in preparing the grievance. The inmate shall be notified by the Associate Warden of Treatment if an extension is needed. At any level of the grievance if the inmate does not receive a response within the time allotted to reply, including any extension, the inmate may consider the absence of a response to be a denial at that level.

115.52(e) TDOC Index 501.01 states that third parties shall be permitted to assist inmates in filing grievances related to allegations of sexual abuse and shall also be permitted to file such grievances on behalf of the inmate. If a third-party file such a grievance on behalf of an inmate, that inmate shall agree to have the grievance filed and document such on the Inmate Grievance form. The inmate shall be required to personally pursue any subsequent steps in the grievance process. The inmate may decline to have the grievance processed on his/her behalf and the decision shall be documented on the original Inmate Grievance. Per the PAQ, and interviews with the PCM and Grievance Chairperson there were no grievances alleging sexual abuse filed by inmates during the review period. All information received in relation to sexual abuse and/or sexual harassment would immediately be submitted to the Associate Warden (T) who forwards it to the OIC Institution Investigation for an immediate investigation. She indicated all correspondence with the inmate would be conducted by the OIC Institution Investigation.

115.52(f) TDOC Index 501.01 states that after receiving an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, the grievance chairperson shall immediately forward the grievance to the Associate Warden of Treatment for any corrective action to be taken. The grievance chairperson will provide a response within 48 hours and a final decision within five calendar days. Per the PAQ and DSNF PCM there were no emergency grievances alleging substantial risk of imminent sexual abuse filed during the review period. However, the initial response and final decision would be provided within the PREA Allegation System (PAS) and shall document the facility's determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.52(g) TDOC Index 501.01 states that an inmate may be disciplined for filing a grievance related to alleged sexual abuse only when it is demonstrated that the inmate filed the grievance in bad faith. An interview with OIC Institution Investigator explained although policy allow disciplinary sanctions of inmates who file the grievance in bad faith, no inmates have received disciplinary actions for this action.

Interview with the DSNF and review of the PAQ indicates that DSNF has not had any grievances or emergency grievances filed regarding PREA issues. Based on random interviews with inmates at DSNF, they are aware of the grievance process and that they could file an emergency grievance. This is explained in the Inmate Handbook and is posted on the PREA posters. Grievance boxes are available in housing units for inmates to submit such.

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
4. MOU with The Sexual Assault Center
5. TDOC Inmate Handbook
6. Interviews with:
 - a. Random staff
 - b. PREA Coordinator

115.53(a) The PREA Audit Manual states, “Services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.” TDOC has an agreement with The Sexual Assault Center to provide victim advocacy services. TPFW has 4 staff trained to serve as a victim advocate as needed. These staff names are posted on inmate bulletin boards.

115.53(b) The PREA Audit manual states, “(b) Each Department facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.” TDOC has an agreement with the Sexual Assault Center to provide emotional support services. Services include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided by the Sexual Assault Center providers. TDOC has staff trained in each facility to act a victim advocate. Upon arrival inmates are provided the PREA Brochure which describes services available. Prior to accessing services inmates are informed to the extent to which their communications will be monitored. Each inmate upon arrival to TPFW is given an Inmate Handbook which outlines PREA reporting and response. Inmates are provided comprehensive education about PREA during the Inmate PREA Orientation. A note on the inmate’s telephones states “Sexual Assault Center: The call will be confidential and TDOC will not record the conversation *95555 or 615-259-9055.”

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.06.2 PREA Allegations, Investigations, and SART
3. TPFW Inmate Handbook
4. TDOC website
5. Interviews with:
 - a. PCM
 - b. Random Inmates

115.54(a) TDOC Index 502.06.2 states, The Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. It indicates that third-party reporting is included in the ways to report. It states this information shall be made available through the Inmate Handbook. TPFW Handbook indicates that any TPFW employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. The reported incident may be in writing, verbal, anonymous or from third parties.

The auditor reviewed the agency's website. It contains the necessary PREA contact information. The information provided on the website includes a Tip line for third-party reporting of sexual abuse and sexual assault at (615) 259-9055.

Interview with inmates revealed that most were aware that a third-party could report a sexual assault allegation such as a family member, friend, or another inmate.

Based on the review of policies, documents, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC TCA Lesson Plan
4. Interviews with:
 - a. Warden
 - b. PREA Coordinator
 - c. PREA Compliance Manager
 - d. Medical Staff
 - e. Random staff
 - d. OIC Institution Investigator

115.61(a) TDOC Index 502.06.2 states, "All staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of TDOC, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In interviews with staff and inmates they reported they are aware of their requirement and duty to report. Staff carry a PREA refresher card on their badge with reporting guidelines. The 16 random staff selected for interview and facility specialized staff indicated they would

immediately report to the Shift Commander and complete a documented report of their awareness to include from third-party as soon as possible and always prior to departing from their shift.

115.61(b) TDOC Index 502.06.2 states staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. TDOC utilizes a PREA Allegation System (PAS) on their intranet. Select staff have access. Staff interviewed was aware of the extent in which information of sexual abuse and/or sexual harassment should be shared only with authorized staff necessary to make treatment, investigation and other security and management decisions.

115.61(c) TDOC Index 502.06.2 states, "Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse as outlined in this policy and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services." Interviews confirmed that medical and mental health staff are aware of their duties required by this provision and this information is shared with the inmate upon the initiation of services.

115.61(d) The PREA Audit manual states, "If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." TDOC received guidance from Adult Protective Services which indicates that TDOC may investigate within their facilities. TPFW only houses female inmates 18 years of age or older.

115.61(e) TDOC 502.06.2 states, Facility staff shall report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports, to the OIC Institution Investigator for an investigation. Per the OIC Institution Investigator, he conducts a thorough investigation of all PREA allegations in the same manner regardless of how the incident was reported.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Agency head
 - b. Warden
 - c. PREA Compliance Manager
 - d. Random staff

TDOC Index 502.06.2 states "If facility staff receives information that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate. The auditor interviewed random and specialized staff. They all stated that they would remove the inmate from the area of threat and notify the Shift Commander. Staff to include contract and volunteers are issued and carry a PREA Refresher Training card on their badge which list the steps to take to protect an inmate. The facility stated in the PAQ that there has been no instance where an imminent threat was reported.

An interview with the Agency Head Designee indicated upon receipt of information that an inmate is subject to a substantial risk of imminent sexual abuse, the inmate would be immediately removed from danger, the incident would be investigated and the appropriate steps would be followed. The alleged aggressor would be placed in segregation throughout the investigation and upon completion, the alleged aggressor would be moved to another housing unit or transferred to another prison. Aggressors and victims are monitored for further incidents.

The Warden indicated the inmate at substantial risk of imminent sexual abuse, will be immediately separated and an investigation would be initiated. The alleged aggressor would be moved to another housing unit, and/or transferred. Placement in a separate housing could be a possibility based on the circumstances of the risk of danger. Recreation is designated for each housing unit one at a time, one hour during the morning and one hour during the evening. Housing units reports to the inmate dining hall at separate times and utilize different routes to and from food service and recreation for those coming and departing those areas. Only program areas are shared and monitored by staff.

The auditor used a variety of scenarios when interviewing staff regarding their action to this standard. Each staff interviewed responded appropriately and stated they would immediately remove the inmate subject to a substantial risk of imminent sexual abuse and notify their supervisor.

Based on the review of policies, documents, lesson plan, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. PREA allegation logs and files
4. Interviews with:
 - a. Agency head
 - b. Warden
 - c. PREA Compliance Manager
 - d. OIC Institution Investigator

115.63 (a) TDOC Index 502.06.2 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility that received the allegation shall notify the head of the facility where the alleged abuse occurred. In interviews with the Warden and PREA Coordinator they indicated that they would make the notification immediately.

115.63 (b) TDOC Index 502.06.2 indicates that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. In an interview with the OIC Institution Investigator, he stated upon notification that an incident had previously occurred at TPFW, he would investigate.

115.63(c) TDOC Index 502.06.2 states the facility shall document that it has provided such notification. The OIC Institution Investigator indicated the notification would be made via email and telephone call.

115.63 (d) TDOC Index 502.06.2 states “The Warden who receives such notification shall ensure that the allegation is investigated in accordance with TDOC policy. Interview with the Warden indicated that she would ensure the notifications are made and documented. According to the PAQ, in the past 12 months, the facility has not received any notifications where allegation occurred at another facility and no notifications that an inmate was abused while confined at TPFW by another facility. Per interview with the Warden and OIC Institution Investigator any allegation reported would be investigated to include those reported by another institution.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TPFW Index 502.06.2-1 PREA Allegations, Investigations, and SART
4. TDOC TCA Lesson Plan on PREA
5. Interviews with:

a. Warden

b. PREA Compliance Manager

d. Medical Staff

e. Random staff

115.64(a) TDOC Index 502.06.2 and TPFW Index 502.06.2-1 indicate that the first security staff on scene of an alleged sexual abuse shall separate the alleged victim and abuser. The security staff shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the alleged sexual abuse occurred within a 72-hour period of reporting, the security shift supervisor who is notified of the allegation shall initiate the Sexual Abuse Incident Check Sheet, CR-3776. There were no security and/or non-security staff first responder that required immediate actions.

115.64(b) TDOC Index 502.06.2 states, "If the first staff responder is not a security staff member, he/she is required to instruct the alleged victim not to take any actions that could destroy physical evidence and then immediately notify the shift commander. All staff interviewed, including non-custody staff, were aware of their responsibilities as first responders. All reported they would immediately separate inmates and maintain sight of a victim, do what they could to preserve a crime scene including advising involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet. All staff are trained as first responders and wear a pocket card on their badge that list the steps to take when responding to an allegation that an inmate was sexually abused. A contract nurse served as a non-security first responder to two sexual abuse allegations while in the medical department. One of these sexual allegations included an allegation of penetration. She was already separated from the alleged abuser. The allegation was reported within 72-hour and were in time to collect evidence and secure the scene. First responder duties were followed. However, the inmate victim later admitted she had made a false allegation.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TPFW Index 502.06.2-1 PREA Allegations, Investigations, and SART
4. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Random staff

115.65 TDOC Index 502.06.2 and TPFW Index 502.06.2 states, “ The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responders and SART, which includes medical and behavioral health practitioners, OIC Institution Investigator, and facility leadership. The purpose of this policy is to establish standardized procedures to request, approve, and govern the actions; reporting procedures; and authority of the TDOC regarding PREA investigations and the role of the Sexual Abuse Response Teams (SART). TPFW Index 502.06.2-1 includes a section on First Responder duties to include a PREA First Responder Checklist which, lays out the steps of the plan of action for first responders. All staff interviewed were aware of the steps of the action plan and all carry a PREA refresher card on their badge if needed.

Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. Tennessee Code Annotated 50-1-207
3. Interviews with:
 - a. Agency Head Designee
 - b. PREA Coordinator

115.66(a) The PREA Audit Manual states, "Neither the Department nor any other governmental entity responsible for collective bargaining on the Department's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the Department's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

TCA Code 50-1-207 states "Prohibition against requiring any employer or employee to waive their rights under the National Labor Relations Act or require acceptance or agreement to any provisions that are mandatory or non-mandatory subject of a collective bargaining under Federal law. The Agency Head designee reported that TDOC does not have a union. TDOC has discretion regarding the assignment, hiring and firing of staff and no limitations to the agency's ability to remove employee sexual abusers from contact with inmates.

Based on a review of the code, interviews and analysis, the facility has demonstrated compliance with this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☐ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)

2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART

3. Retaliation Monitoring forms for Staff and Inmates

4. Interviews with:

- a. Agency Head
- b. Warden
- c. PREA Compliance Manager
- d. Staff charged with Monitoring

115.67 (a) TDOC Index 502.06.2 indicates that inmates and staff who are involved in reporting sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. Appointed members of the facility SART shall monitor staff and inmates for protection from retaliation utilizing PREA Retaliation Review (Inmates) for inmates, CR-3963, and PREA Retaliation Review (Staff), CR-3982, for staff. TPFW has designated the two Behavior Health staff to monitor retaliation.

115.67(b) TDOC Index 502.06.2 indicates that the facility shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Per interviews with the Agency Head Designee and Warden, they stated there are multiple options available to protect inmate and staff from retaliation.

115.67(c) (d) TDOC Index 502.06.2 states, “ For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. Departmental monitoring shall involve looking for any changes that may suggest possible retaliation by inmates or staff. Institutional SART members shall act promptly to remedy any such retaliation. TDOC Index 502.06.2 also states that monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. This monitoring shall include, but not be limited to inmate disciplinary reports; inmate housing or programming changes; or negative performance reviews or reassignments of staff. The auditor reviewed the Retaliation Monitoring forms that includes inmate name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a area for reporting at 30 days, 60 days, final 90 days, and space for extended monitoring if required. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. The auditing team reviewed the retaliation monitoring for 10 reported PREA allegations that included sexual abuse and sexual harassment. Due to PREA investigations are normally initiated immediately upon awareness of the allegation, retaliation monitoring had not begun and was not required for Unfounded reported PREA allegations. No one was placed on extended monitoring for the past 12 months for retaliation monitoring.

Based on the review of policies, retaliation forms, interviews and analysis, the facility has demonstrated compliance with all provisions of this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Special Housing Supervisor

115.68 (a) TDOC Index 502.06.2 indicates that any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of this policy and coordinated by the unit management team. Protective Services Investigative Routing, CR-3241, shall clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Every Protective Custody placement is, by policy reviewed every 30 days. Inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work

opportunities is restricted, the facility shall document what opportunities have been limited; the duration of the limitation; and the reasons for such limitations. This shall be documented on LCDG Contact Notes. Per the PAQ and interviews with the Warden, staff who supervise segregation and PCM, there were no inmates who allege to have suffered sexual abuse placed in involuntary segregated.in the past 12 months.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC PREA Allegation Documentation Checklist
4. Interviews with:
 - a. Warden
 - b. PREA Coordinator
 - c. PREA Compliance Manager
 - d. Medical Staff
 - e. Random staff
 - f. IU Investigator

115.71(a) The PREA Audit Manual states, "When the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." TDOC Index 502.06.2 states in part, that sexual abuse investigations in confinement settings shall be investigated promptly, thoroughly, and objectively, including third-party and anonymous reports. There were 20 administrative and criminal allegations of sexual abuse/harassment reported by inmates during the review period.

115.71(b) The PREA Audit Manual states, "where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations". TDOC Index 502.06.2 states a Sexual Abuse Response Team (SART member who have received special training in conducting sexual abuse investigations in confinement settings shall investigate. The OIC Institution Investigator is

a member of the SART and conduct all administrative investigations of alleged sexual abuse and sexual harassment. The OIC Institution Investigator refer all investigations that could result in criminal charges to the OIC Special Agent for investigation. Training records noted all investigations completed were by investigators who had received specialized training.

115.71(c) TDOC Index 502.06.2 indicates that OIC Special Agents shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of investigation files demonstrated that the investigators utilized all available evidence and data.

115.71(d) The PREA Audit Manual states, “When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.” TDOC Index 502.06.2 states, “when the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. An interview with the OIC Special Agent indicated he has communicated with the State Assistant District Attorney based on the circumstances of the cases if additional information is needed.

115.71(e) TDOC Index 502.06.2 states, “The credibility of a victim, suspect, or witness, shall be assessed on an individual basis, and shall not be determined by the person’s status as inmate or staff. Inmates who allege sexual abuse shall not be required to submit to a polygraph examination or other truth telling devices as a condition for proceeding with the investigation of such an allegation.” Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. Investigators interviewed stated that credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, neither investigator indicated any circumstance when an inmate would be required to submit to a polygraph examination.

115.71(f) TDOC Index 502.06.2 indicates that administrative investigations shall include an effort to determine whether staff actions or failures to act facilitated the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings. A review of administrative investigations and sexual abuse incident reviews demonstrated the investigators and SART team members include a review to determine the effect of staff actions or failures as it pertains to the reported allegation. An interview with both the OIC Institution Investigator and the OIC Special Agent confirmed they include detailed information in the investigative report if staff ‘s actions or lack of responsibilities contributed in facilitating the abuse.

115.71(g) TDOC 502.06.2 states that criminal investigations shall be documented in a written report which contains a thorough description of physical, testimonial, and documentary evidence. Copies of all documentary evidence shall be attached where feasible. Interviews with both investigative staff and the review of three criminal investigative files show compliance with this standard. Two criminal investigative files were determined to be substantiated and one was determined to be unfounded.

115.71(h) TDOC Index 502.06.2 states, “Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. A review of criminal investigation files show compliance with this

standard. There were two sexual abuse criminal cases referred for prosecution after being determined substantiated.

115.71(i) TDOC Index 502.06.2 states that such investigative records shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five additional years. This practice was confirmed by the OIC Institution Investigator and OIC Special Agent.

115.71(j) TDOC Index 502.06.2 states that the departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation. Review of investigative files and interviews with both the OIC Institution Investigator and OIC Special Agent confirmed although staff resigned during an investigation, the investigation continues to include the arrest and prosecution of staff when applicable. The investigation also continues if an inmate is transferred or released to include the alleged victim and/or alleged aggressor.

115.71 (k)(l) The Office of Investigations and Compliance is part of the Tennessee Department of Corrections and conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all provisions of this standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Investigation files
4. Interviews with:
 - a. Warden
 - b. OIC Institution Investigator and OIC Special Agent

115.72(a) TDOC Index 502.06.2 states, “The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.” A review of the investigation documents indicates that the Department does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and/or sexual harassment are substantiated. Per interviews with the OIC Special Agent and OIC Institution Investigative a preponderance of evidence is the standard necessary to substantiate an allegation of sexual abuse or sexual harassment.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with this standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC PREA Status Notification CR-3984
4. Interviews with:
 - a. Warden
 - b. PCM
 - c. OIC Institution Investigator and OIC Special Agent

115.73(a) TDOC Index 502.06.2 states that following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing as to whether the allegation has been determined to be substantiated or unsubstantiated or unfounded. There were 3020 administrative and/or criminal investigations of alleged inmate sexual abuse completed by the facility in the past 12 months, and for each investigation the victim was notified. Each investigative file contained a copy of the notification to the inmate of the findings of the investigation. The notification was signed and dated by the investigator and the inmate to include those investigations that was determined to be unfounded.

115.73(b) The agency conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

115.73(c) TDOC Index 502.06.2 states that following an inmate's allegation that a staff member has committed sexual abuse, the Department shall subsequently inform the inmate in writing whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; and the staff member has been convicted on a charge related to sexual abuse within the facility. There were 2 substantiated sexual abuse investigations that was referred for prosecution. These cases remained pending for prosecution during audit process. The inmates were informed by investigative staff that the staff (aggressor) was no longer posted within their unit and no longer employed at the facility.

115.73(d) TDOC Index 502.06.2 indicates that following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing whenever the facility learns that an alleged abuser has been indicted on a charge related to sexual abuse within the facility. There were 3 substantiated cases of sexual abuse and 1 unsubstantiated case of sexual abuse in the past 12 months of the audit period. The alleged victim was notified in writing by the investigative staff. The alleged victim was notified in writing that the abuser (staff) was no longer employed at the facility and no longer posted within the inmate's housing unit. No inmates were indicated on a charged related to sexual abuse.

115.73(e) TDOC Index 502.06.2 states that all notifications shall be done in writing using Inmate PREA Allegation Status Notification, CR-3984, and the inmate shall acknowledge by signature that he/she has received such notification. The notification shall become part of the allegation file. If the inmate refuses to sign the acknowledgement, an additional staff member shall sign and date acknowledging the inmate refusal. Interviews with the Investigative staff and the Warden indicated that both were aware of the agency requirement for notifications to be made by Investigative staff. The auditor reviewed the investigative files and confirmed the inmate did sign as receipt of notification of the investigative finding.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Warden

115.76 (a-d) TDOC Index 502.06.2 states that Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment, or PREA policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of investigation. Sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the Department's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. Per the investigative staff and the TPFW PAQ there have been two substantiated allegations of staff sexual misconduct in the past 12 months. The two staff members were immediately terminated. These staff were security staff and their position were not applicable of reporting to relevant licensing bodies. Per interview with the Warden, employees are disciplined based on the outcome of sexual misconduct investigation. The facility would use progressive discipline for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The Warden continued in stating upon a review of video footage which clearly substantiate staff misconduct under TODC and PREA standards, a staff member was immediately terminated. Another was terminated for sexual harassment immediately after review of video and an interview with the OIC Institution Investigator. A third was also terminated at the conclusion of the investigation. The Warden explained she and the Department has a zero tolerance for sexual abuse she takes the appropriate immediately action to include termination upon awareness.

A new staff member was provided additional training upon awareness that she was outside TDOC policy. No disciplinary actions were required.

Based on the review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART

3. TDOC Index 115.01 Standards for Volunteers and Coordination of Community Involvement

4. TDOC Volunteer Orientation & Training Manual

5. Interviews with:

a. Warden

b. PREA Compliance Manager

c. Contact staff and volunteer

115.77(a), (b) TDOC Index 502.06.2 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies and if found to have engaged in sexual abuse or sexual harassment of an inmate shall be prohibited from further contact with any inmate.

TDOC Index 115.01 states that if after investigation it is necessary to limit the services of a volunteer, the approving authority shall notify the volunteer in writing of such action. The approving authority may restrict a volunteer to entering only the assigned TDOC location which shall be designated as the volunteer's primary site. The approving authority may terminate the services of a volunteer, and such termination shall apply to all institutions. In the past 12 months there have been no allegations made or substantiated against contractors or volunteers. Per interview with the Warden, any allegation against a contractor or volunteer would result in prohibiting that individual from entering the facility during the investigation. If substantiated the individual would be terminated and subject to criminal prosecution and reported to relevant licensing bodies.

Based on the review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Shift Commander

115.78(a) TDOC Index 502.06 states, “Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Per the TPFW PAQ, there have been two administrative findings of inmate on inmate sexual abuse allegations in the past 12 months.

115.78(b) & (c) TDOC Index 502.06.2 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

115.78(d) TDOC Index 502.06.2 states, If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

115.78(e) TDOC Index 502.06.2 states an inmate may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact."

115.78(f) TDOC Index 502.06.2 states, "For the purpose of disciplinary action, a report sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting and incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation."

115.78(g) TDOC Index 502.06.2 states, “Any prohibition on inmate-on-inmate sexual activity shall not consider consensual sexual activity to constitute sexual abuse.” Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse.

Based on a review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☐ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. TDOC Index 113.84 Clinical Assessments, Mental Health Appraisals, and Psychological Testing
4. Corizon Guidelines for Sexual Assault
5. PREA Intake Screening forms
6. PREA Mental Health Referral
7. Interviews with:
 - a. PREA Compliance Manager
 - b. Medical and Behavioral Health Staff
 - c. Intake staff
 - d. Inmates that disclose during PREA Screening

115.81 (a) (b) (c) TDOC Index 502.06.3 states that, "If the screening process indicates that an inmate has experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and/or behavioral health provider within 14 days of the screening. TDOC Index 113.84 states that each mental health appraisal conducted as part of the initial classification or reclassification process shall be documented on Mental Health Intake Appraisal, CR-3772. The PAQ indicated that 100% of inmates that reported prior sexual victimization were offered a follow-up meeting with a mental health provider. The auditor also randomly reviewed 15 inmate files to further verify referrals were made and were completed within 14 days. The facility provided the referral screening forms for review. It showed that the inmates meet with a mental health practitioner within 7 days of the initial screening.

Interviews with Behavior Health staff and the review of documented referral confirmed the inmates were seen by Behavior Health staff within 7 days after the referral was made. The date of the completed

referral is documented in E-TOMIS. Inmates that reported prior sexual victimization indicated upon requesting for mental health services they were seen within a week and as soon as the same day. Staff at the Transition Center indicated the inmate population is always been the same day upon their arrival by Behavior Health Staff.

115.81(c) TPFW is not a jail.

115.81(d) TDOC Index 502.06.3 indicates that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and behavioral health practitioners and other staff, as necessary, to make informed treatment plans and security and management decisions, including housing, bed, work, education, and programs assignments, or as otherwise required by Federal, State, or local law. Per interview with the PCM, she indicated that the specific details related to sexual victimization or abusiveness is strictly limited. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. The Job Placement Coordinator can only view an inmate's incompatibles for job placement.

115.81(e) Corizon Policy on Procedure in the Event of Sexual Assault says that, "medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. TDOC Index 502.06.3 states that Medical and Behavioral Health providers shall obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in the institutional setting. In addition, interviews with both medical and mental health staff verified that staff do obtain informed consent from inmates before reporting any knowledge or suspicion of sexual abuse.

Based on a review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. CORIZON Health PREA Training Lesson Plan
4. Medical/Mental Health Follow-up log
5. Interviews with:
 - a. PCM
 - b. Medical staff/ Behavior Health Staff
 - c. Non-Security 1st Responder
 - d. Inmates who disclosed during risk screening

115.82(a) TDOC Index 502.06.3 states victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are

determined by medical and behavioral health providers, according to their professional judgment. The CORIZON Health Lesson Plan for PREA states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination. An interview with the Medical Director verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. She also said that once the report is received, the inmate would be seen immediately. She also verified that the nature and scope of the treatment and crisis intervention services are determined by her professional judgment, medical protocol and mental health recommendations. An interview with the Behavior Health Administrator indicated staff within the department meets with the inmate immediately upon their awareness of a sexual abuse incident. The Behavior Health Administrator also serves as a victim advocate for the inmate population and offer supportive counseling.

115.82(b) TDOC Index 502.06.3 states, “If no qualified medical staff are on duty at the time of a report of a recent abuse is made, a correctional officer trained to render first aid may help as needed”. Medical staff are on duty 24/7 at TPFW and medical services are provided as needed. All staff selected for interviews were aware that medical staff would be notified of reported PREA allegations. Their description of actions taken included notifying the Shift Commander and medical staff while keeping the victim safe and separated from the abuser.

115.82(c) TDOC Index 502.06.3 indicates that inmate victims of sexual abuse, while incarcerated, shall be offered test for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care and as medically appropriate. CORIZON Health has a policy which addresses the requirement of this provision which says that “prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases. TPFW reported there were no instances in where a test for sexually transmitted infections and/or sexual transmitted infections prophylaxis was warranted during the 12-month review period.

115.82(d) TDOC Index 502.06.3 indicates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. Interviews with medical staff also verified that the services would be provided at no cost.

Based on the review of policies, documentation, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.03 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. CORIZON Health Policy on Sexual Assault
4. Medical/Mental Health Follow-up log
5. Interviews with:
 - a. PREA Compliance Manager
 - b. Medical staff and Behavior Health Staff
 - c. Inmates who reported sexual assault/abuse

115.83(a) TDOC Index 502.06.3 addresses the requirements of this standard. If the screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and/or behavioral health provider within 7 days of the screening. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. CORIZON Health Procedure on Sexual Assault also provides procedures to follow in event of sexual abuse. In an interview with medical staff they stated that they would ensure the victim is stable and then follow treatment plans per the physician or local hospital. An interview with Behavior Health Staff said they would meet with the victim immediately upon becoming

aware and offer supportive counseling. Follow-up services would be based on the individual's treatment needs.

115.83(b) TDOC Index 502.06.3 indicates that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. TDOC facilities offer follow-up services within the correctional facilities. Per the Medical Director, a case manager would discuss follow-up services upon an inmate's release for medical and mental health services.

115.83(c) Interviews with both the Medical Director and Behavior Health Administrator indicated the level of care provided to the inmate population is nothing less than equal to the level of care within the communities.

115.83(d) & (e) TFPW houses female inmates only. TDOC Index 502.06.3 states that inmate victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests and timely information about, and access to, all pregnancy-related medical services that are lawful in the community. CORIZON Health policy on Sexual Abuse states females would be provided a pregnancy test and comprehensive information regarding all pregnancy related medical services that are lawful in the community. There were no circumstances of sexual abuse that met this provision of this standard.

115.83(f) TDOC 502.06.3 states that inmate victims of sexual abuse, while incarcerated, shall be offered test for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. Per the Medical Director, these services are available for the inmate population but have not been required in the past 12- month of the audit.

115.83(g) TDOC Index 502.06.3 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Per the Medical Director and Behavior Health, the victim would not incur any financial cost for treatment services. There were no instances within the provision of this standard during the past 12 months of the audit.

115.83(h) TDOC Index 502.06.3 states that all facilities shall attempt to conduct a behavioral health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history. They shall be offered treatment when deemed appropriate by behavioral health providers. In interview with staff who perform risk screening for victimization or abusiveness, they said that an inmate disclosing prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are offered a referral to Behavioral Health. The inmate is given the option of being evaluated. Psychological staff confirmed that Behavior Health does conduct a mental health evaluation of all known inmate-on-inmate abusers and victims and offer treatment if appropriate. Per the Behavior Health Administrator if an inmate is identified as an aggressor through an investigation, updated evaluations would be conducted within 7 of the referrals.

Based on the review of policies, documentation, interviews and analysis, the facility is compliant with all provisions of this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☐ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC Sexual Abuse Incident Review Report
4. Interviews with:
 - a. Warden
 - b. PCM
 - c. Incident Review Team Member

115.86(a)(b)(c) TDOC 502.06.2 states, "That the facility shall conduct a Sexual Abuse Incident Review Report, CR-3985, at the conclusion of every sexual abuse investigation, including investigations in which the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Warden/Superintendent/designee, Associate Warden of Treatment/Deputy Superintendent/Assistant Warden at privately managed facilities, facility and OIC Institution Investigator, line supervisor, and medical/mental health professionals. These individuals are members of the Sexual Assault Response Team (SART). The auditor review 6 substantiated and unsubstantiated sexual abuse/sexual misconduct investigative cases. A Sexual Assault Incident Review was conducted following the conclusion of the investigation. The reviews were thorough, followed the requirements of this standard and were ordinarily completed within 30 days of the completion of the audit.

115.86(d) TDOC 502.06.2 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the area

in the facility where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and whether monitoring technology should be deployed or augmented to supplement supervision by staff in these areas. The team is required to prepare a report of findings for the Warden that identifies problem areas, necessary corrective action, and recommendation for improvement. The auditor reviewed the incident review reports and found they contained the required information. There were no recommendations made on by the SART, members of the Sexual Abuse Incident Review Team.

115.86(e) TDOC Index 502.06.2 indicates that the facility shall implement the recommendations for improvement or shall document the reason for not doing so. A copy of the incident review is scanned and electronically forwarded to the State-wide PREA Coordinator. Per review of the completed incident reviews, there were no recommendations made that needed to be addressed.

Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. 2018 Annual SSV PREA Report
4. Interviews with:
 - a. State-wide PREA Coordinator
 - b. PCM

115.87(a -b) TDOC Index 502.06 states that staff shall collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. TDOC shall aggregate the incident-based sexual abuse data at least annually. Per an interview with the State-wide PREA Coordinator, data is collected by the Decision Support: Research and Planning Development Department using the Department of Justice annual reporting format and the set definitions identified in TDOC Index #502.06.

115.87(b) TDOC Index 502.06 indicates that the TDOC shall aggregated the incident-based sexual abuse data at least annually. The PREA Coordinator shall ensure that data collected is securely retained. The TDOC PREA Coordinator shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

115.87(c) The State-wide PREA Coordinator Facility provided a copy of their most recent SSV report that demonstrated that the data collected by the Facility is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence.

115.87(d) TDOC Index 502.06 states, that TDOC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

115.87(e) TDOC Index 502.06 states, “The TDOC PREA Coordinator shall ensure that data collected is securely retained. TDOC shall make all aggregated sexual abuse data, from TDOC facilities and private facilities with which it contracts, readily available to the public at least annually through the TDOC website.

115.87(f) TDOC 502.06 indicates that a report prepared by the State-wide-PREA Coordinator shall be prepared utilizing the Department of Justice annual format. The State-wide PREA Coordinator provided the auditors a copy of the 2018 SSV-2 which demonstrated the information was submitted to the Department of Justice timely.

Based on the review of policies, incident reviews, interviews and analysis, the facility is compliant with all provisions of this standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. Agency website
4. 2019 Annual PREA Report
5. Interviews with:
 - a. State-wide PREA Coordinator
 - b. Agency Head Designee

115.88(a-d) TDOC Index 502.06 addresses the requirement of this standard. The Directive indicates that TDOC staff shall aggregate the incident-based sexual abuse data annually. Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training; If applicable, identifies Department-wide problem areas or problems within specific correctional facilities; Is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available

from previous years; Assesses the Department's progress in addressing sexual abuse; and is approved by the Commissioner and made readily available to the public through the Department's website. Personal identifiers shall be removed prior to the data being made publicly available. Per interviews with the Agency Head Designee and State-wide PREA Coordinator, part of the report shows the corrective actions taken. The SART conduct monthly walk throughs in the facility and identify and submit any work orders that are completed by the following monthly walk-through of not less than 30 - days. The Commissioner receive a monthly report of all allegations reported at each TDOC facility.

The State-wide PREA Coordinator confirmed he review the data collected and approval. He submits the comparison and forward to the Commissioner for review and approval via signature. Only then can the report be posted on the Department's website.

The auditor reviewed the website and verified the 2019 Annual Report was signed by the Commissioner and published. A review of the report indicated a comparison of 2018 and 2019 data. The report is well written and addresses the requirement of this standard.

Based on a review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. TPFW Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. Agency website
4. 2019 Annual PREA Report
5. Interviews with:
 - a. PREA Coordinator
 - b. PCM

115.89 (a-d) TDOC Index 502.06 addresses the requirements of this standard. The directive indicates the TDOC PREA Coordinator shall ensure that data collected is securely retained. The TDOC is responsible for completing an Annual report and when approved by the Commissioner it is made available to the public through the Department's public website. The report should redact information that would present a clear and specific threat to the safety and security of a prison before publication indicating the nature of the redacted information and related personal identifiers shall be removed prior to being made public. Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information. The TDOC PREA Coordinator shall maintain sexual abuse data for at least 10 years after the date of the initial collection.

Per an interview with the State-wide PREA Coordinator, he also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website and verified the 2019 Annual Report was published. A review of the report indicated there were no personal identifiers.

Based on the review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TDOC Index 502.06 PREA Implementation, Education, and Compliance was reviewed and meets the requirement of this standard. The directive requires the PREA Coordinator to ensure that Department PREA-related activities comply with federal PREA standards in the following areas, Audits, and Auditing and corrective action. This the first year of third audit cycle for TPFW. The Agency oversees 10 facilities and the agency website had PREA audit reports posted for all facilities during the past audit cycle. The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements. The auditor was given access to and an opportunity to tour and visit all areas of the facility. The auditor was provided with an office that ensured privacy in conducting interviews with inmates and staff during the Skype and onsite interviews. As previously due to the COVID-19 global pandemic, as a safety precaution most staff and inmate interviews were conducted by Skype. Interviews with inmates confirmed they had observed the notice of audit posted throughout the institution. However, the auditor did not receive any correspondence from staff and/or inmate population. No inmates contacted the auditor prior to the audit.

Based on the above, the facility has demonstrated substantial compliance with all provisions of this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past

three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per TDOC directives and standard requirements, TDOC ensures all final reports will be published on their websites to be available to the public. A review of the TDOC website at www.tn.gov/correction/sp/prisonrape-elimination-act.html contained the final 15 previous PREA reports completed for TDOC. Final reports were published on the agency website within 90 days of issuance.

Based on the above, the facility has demonstrated substantial compliance with this standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra D. Dawson

August 16, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.